Advance Comments on

VAMPIRES, WEREWOLVES, AND DEMONS
Twentieth Century Reports in the Psychiatric Literature

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"Richard Noll ventures where few psychologists dare to go. With a scholar's eye and the zeal of a horror movie devotee, he treads the bizarre and macabre netherworld of vampirism, lycanthropy, and demonical possession. Bringing to bear his unique qualifications in psychology, folklore, religious history, and anthropology, Noll leads the reader into the darker regions of the human psyche in search of the syndromes and disorders that modern psychiatry refuses to acknowledge."

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Richard Noll

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FOREWORD

Mr. Richard Noll, M.A., a clinical psychologist, has produced the following fascinating study of three highly taboo subjects, namely, vampires, lycanthropes, and the demonically possessed. As he correctly points out, what definitely unites them is the assumption that evil is at the root of all three, and that is a key observation: The drinking of human blood, the eating of human flesh, and acting as if controlled by a devil-inside are, after all, basically dangerous, antisocial activities. The afflicted patients must be treated, even though the cure rate of such cases, as the reader will see, is apparently very low.

Having written four books on the historical sadist Vlad Dracula and a collection of the best vampire stories from history and literature over the past two thousand years, I have always had a decent fear of living vampires, cannibals, and devil-possessed humans. It is good to see that Mr. Noll shares those fears with me, and that he also agrees with Dr. Abraham van Helsing in Stoker's *Dracula* novel that "the superstitions of yesterday become the scientific truths of today" and that "we have far more in common with our healing brethren of ages past than we may like to admit."

Mr. Noll brings to his topics both an open mind and a childhood fascination with monsters. Both of these traits I hope I share with him, since I believe these traits are necessary in a search for bizarre truth. As Stephen King has young Mark Petrie say in *Salem's Lot*, "Death is when the monsters get you!" One should, I feel, have a healthy respect for monsters, both real and imaginary.

The citation of Jung's statement in his book that "clinical diagnoses are important, since they give the doctor a certain orientation . . . [but] they do not help the patient. The crucial thing is the story," should be written over doorways and broadcast on television screens to be viewed especially in medical hospitals and doctors' offices. The emphasis should be on the patient's own story, not on the technical terms of clinical diagnoses, because words, however sophisticated or scientific they may seem, generally cannot cure a patient in and of themselves. Some mod-

ern psychiatrists wrongly treat mental illness designations like magic, as if the mere pronouncement of the disease would drive the demons away.

There is still so much we do not know and do not understand about human behavior, as Mr. Noll correctly points out. It is, after all, rather significant that extensive outbreaks of the cases of vampirism rose historically not during the Dark Ages but precisely during the modern period of the Enlightenment. It often seemed as if humans were breaking under the strain of too much rationality and the weight of too many so-called "scientific" explanations.

Mr. Noll has previously done extremely important research on shamanism, following the lead of the great Mircea Eliade, who held that the oldest and most widespread of all the occult traditions is shamanism and that modern psychotherapeutic practice is often a kind of shamanism dressed up in a culturally modified form. As Noll puts it, "Telling a patient that his or her distress is due to the unseen [occult] influence of the unconscious id impulse is no different than a shaman telling a patient that his or her distress is due to the intrusion of magical disease objects . . . ."

I salute this pioneer work into the hidden deep recesses of the human mind. It is not for the squeamish. Reading this research into the gory may sometimes elicit emotions akin to the shock of splatterpunk in contemporary music. It is frightening but uncannily true.

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The purpose of this book is to remind psychiatrists and psychologists that there is still uncharted territory to explore in the shadowlands of human nature. We have far more in common with our healing brethren of ages past than we may like to admit. Biological psychiatry can shed little light on the individual case histories in this book; they are 20th century atavisms of a supernatural psychopathology that were long thought only to be the concern of folklorists, anthropologists, and historians of the occult. These stories should give us pause when we swell with pride over our remarkable ability to translate the signs and symptoms of mental disorders into biochemical and neurophysiological metaphors. I am in full agreement with William James when he admits (in an 1879 letter included in the introductory section on Demoniacal Possession in this book), "I am convinced that we stand with all these things at the threshold of a long enquiry, of which the end appears as yet to no one, least of all myself."

I have long had an interest in the horror genre, and in particular how so many of the themes that appear in its books and movies reflect important truths about the human psyche. A childhood fascination with the magazine *Famous Monsters of Filmland* has finally borne fruit in adulthood as I amplify the archetypes of the horror genre (vampires, lycanthropes, and the possessed) in the modern complaints and suffering of real people for whom vampirism, lycanthropy, and demonic possession are real afflictions.

I am indebted to William James for continually clarifying my thinking on so many matters. Before working on any psychological issue I always consult his *magnum opus*, which is now a century old.

There are many people in my life who have stimulated my thinking on the matters discussed in this book and I consider them all mentors: Leonard George, Ph.D., of Vancouver, British Columbia, is always the "bearer of light" and, although a psychologist by training, has an exemplary grasp of the historical literature on ancient and medieval European heresy and dissent as well as the psychological underpinnings of

the technologies of so-called "occult" traditions. Frank W. Putnam, M.D., has encouraged me to explore unpopular hypotheses when it comes to multiple personality and the dissociative disorders, and I have valued his advice. Katherine Ramsland, Ph.D., Norman Cohn, Ph.D., Jeffrey Burton Russell, Ph.D., Andrew Samuels, Bram Stoker, William Peter Blatty, Clive Barker, Stephen King, Raymond McNally, Ph.D., Radu Florescu, Ph.D., Colin Ross, M.D., Gábor Klaniczay, Ph.D., Andrzej Wiercínski, Ph.D., and Mihály Hoppál, PhD., have all inspired me through their advice and writings.

My interest in the vampire legend also stems in part from my ancestral roots in Transylvania (Siebenbürgen) on both sides of my family. My paternal grandmother's family were German Saxons from Transylvania, and although their surname was Herman I do not know if there is a connection with the important Transylvanian city of Hermannstadt (now Sibiu in Romania). I do know that my grandmother, Sarah (Herman) Noll (1906–1990), visited our Transylvanian Saxon relatives in Romania in the mid-1960s in the village of Tirnaveni (formerly Diciosanmartin or Dicsö-Szt. Marton). The village is on the river known as the Tirnava Mica, which is a very short distance from the town of Sighisoara (Schässburg), the birthplace of the actual 15th century historical Dracula, Vlad the Impaler. Some of my distant Transylvanian ancestors may have been impaled by Dracula, a Wallachian (Romanian) prince, during the ethnic violence he led against the German Saxons between 1457 and 1460. My great-grandmother, Anna Svet, who was the mother of my maternal grandfather Stanley Adamczak (1908–1957), was a Rom (gypsy) born in Transylvania when it belonged to Hungary at the end of the last century.

I have dedicated this book to three "wise old men." Although two of them are fictional characters, they served as role models for me when I was an adolescent. I was impressed by their combination of scientific/medical expertise and their thorough knowledge of the anomalies of human nature that are generally devalued and relegated to the shadowlands as "occult" or "supernatural" topics of little scientific concern. C. G. Jung, of course, was a living human being, but alas, I have only met him through his writings and the written reminiscences of those who knew him personally. The Jung I know is only a shade, a personal construction in my imagination. Yet, his words have been profoundly influential in the development of my own thought, and in the meditations that precede and accompany my scholarly work, it is his voice

that is the *aliquem alium internum* that guides my research and gives me the courage to speculate on and entertain highly unusual insights into many, many different areas of human experience.

I hope that you find something of value in this book, and I especially wish that you find as much enjoyment in reading it as I did in writing and editing it.

Haddonfield, N.J.
31 October 1990

INTRODUCTION

"There are mysteries which men can only guess at, which age by age they may solve only in part."

Abraham Van Helsing, M.D.,
in Bram Stoker's novel, *Dracula*
(Chapter 15), 1897

Just when psychiatry seems to be on the verge of exciting discoveries about the genetic, biochemical, and neurophysiological basis of so many of the mental disorders that have plagued humankind since the beginning of recorded history, it is ironic that the medical and psychiatric journals have been reporting—and with increasing frequency—baffling case histories of persons who seem to be suffering from mysterious afflictions that have been documented for thousands of years and that have long been regarded as supernatural in origin.

Vampirism, lycanthropy ("werewolfism"), and demonic possession are three such disorders attributed to occult or supernatural causes that have been reported in the past several decades in the published clinical reports of psychologists, psychiatrists, and other mental health professionals. Why it is that ancient "supernatural" afflictions are still being reported with such frequency in the "scientific" 20th century is unknown.

Perhaps the value of studying the individual case histories of persons with these unusual psychiatric syndromes lies in the fact that they tend to restore an interest in the subjective experience of mental disorders, indeed in the uniquely human characteristics of such experiences, an emphasis that late 20th century psychiatry often seems to ignore as more and more space in the professional journals is devoted to research reports involving large numbers of subjects on which some somatic hypothesis is being tested. The case histories in this book do not fit easily into the schemata of the *Diagnostic and Statistical Manual of Mental*

Disorders, Third Edition, Revised (American Psychiatric Association, 1987), although they have been reported from time to time for many centuries and are a familiar part of the folklore of our culture. Anyone who has sampled the horror genre of contemporary novels and motion pictures will be familiar with the modern fictional depictions of vampires, lycanthropes, and the possessed. However, these disorders predate mass media's exposure of these topics, and in many instances the clinical case histories of today more closely match the case reports of centuries past than modern dark fantasies of film and literature. Further, these cases sometimes cannot be easily reduced to organic mental disorders or other categories of psychiatric nomenclature. Perhaps the wise observation of Swiss psychiatrist and analytical psychologist C. G. Jung (1875–1961) should be kept in mind: "Clinical diagnoses are important, since they give the doctor a certain orientation . . . [but] they do not help the patient. The crucial thing is the story" (cited in Samuels, 1989, p. 14).

What distinguishes the three syndromes represented in this book—all long thought to be extinct—is the ancient notion that they are not only of supernatural origin, but that the extramundane forces that cause these diseases are malevolent ones. Evil—in the most primitive sense of the idea—is at the root of vampirism, lycanthropy, and demonic possession. In medieval and Renaissance Europe, it was believed that Satan or Lucifer himself was directly responsible for these curses, and that vampires, werewolves, and evil spirits were merely the earthly agents of the Devil (for exemplary scholarship of the development of the Judeo-Christian notion of personified evil, see the four-volume history of the Devil by Russell, 1977; 1981; 1984; 1986). Even today, if the self-reports of the 20th century patients described in the case histories in this book are examined, references are often made by them to such primal notions of ego-dystonic "evil" or "satanic" forces that are influencing them to act in frighteningly bizarre and painful ways. Within the civilized breast of every 20th century human, it seems, still beats the heart of a primitive. Jung puts forth a similar idea in his 1931 essay on "Archaic Man":

> . . . it is not only primitive man whose psychology is archaic. It is the psychology also of modern, civilized man, and not merely of individual "throw-backs" in modern society. On the contrary, every civilized human being, however high his con-

> scious development, is still an archaic man at the deeper levels of his psyche. Just as the human body connects us with the mammals and displays numerous vestiges of earlier evolutionary stages going back even to the reptilian age, so the human psyche is a product of evolution which, when followed back to its origins, shows countless archaic traits. (1931/1970, p. 232)

Jung, of course, is hinting here at his concept of the collective unconscious. "We have to distinguish between a personal unconscious and an *impersonal* or *transpersonal unconscious*. We speak of the latter also as the *collective unconscious*, because it is detached from anything personal and is common to all men, since its contents can be found everywhere, which is naturally not the case with personal contents" (Jung, 1917/1926/1943/1966, p. 66). From a Jungian point of view, it is entirely plausible that periodic revivals of cases of vampirism, lycanthropy, and demoniacal possession come to the attention of psychiatry. According to him, "In so far as through our unconscious we have a share in the historical collective psyche, we live naturally and unconsciously in a world of werewolves, demons, magicians, etc., for these are the things which all previous ages have vested with tremendous affectivity" (Jung, 1917/1926/1943/1966, pp. 93–94). Thus, to understand the three unusual psychiatric syndromes represented in this volume as archaic vestiges of human psychopathology, the anthropological background to our notions of mental disease must be addressed.

PRIMITIVE CONCEPTIONS OF DISEASE

Since supernatural explanations for the causes of vampirism, lycanthropy, and demonic possession were prevalent in the Old and New Worlds long before Francis Bacon's "new philosophy" finally took hold in the 1700s (and certainly by the 1800s), it is not surprising that they resemble the disease theories of nonliterate ("primitive") societies as reported in the ethnographic literature. Indeed perhaps the mere presence of these disorders today, and the occult or supernatural interpretations that their victims offer, suggests that we are witnessing a phenomenon that may be related to archaic vestiges within the human psyche and that may be more closely related to the conventional psy-

chology of nonliterate societies than to our technologically and psychiatrically sophisticated world.

In a classic paper published in 1932, anthropologist Forest E. Clements distinguished five primary types of "primitive concepts of disease," their accompanying treatments, and the period in cultural evolutionary history when they probably first appeared. In chronological order, these are as follows:

DISEASE THEORY	ERA OF ORIGIN	THERAPY
Disease-object intrusion	Paleolithic (early)	Extraction of disease-object
Loss of soul	Paleolithic (late)	To locate, return, and restore the lost soul
Spirit intrusion	Pleistocene (late)	a. Exorcism b. Extraction of the alien entity c. Relocation of the alien entity into another living person
Breach of taboo	Unknown	Confession, propitiation
Sorcery	Unknown	Counter-magic

If viewed within the context of these primitive theories of disease, vampirism may be related to the breach of taboo (in the sense of doing something forbidden, that is, the sexual blood-fetish phenomena that these persons manifest), whereas both lycanthropy and demonic possession are often subjectively reported to be closer to spirit intrusion than to other explanations—including modern psychiatric ones. However, if speculative analogies to the known diagnostic entities of psychiatry might be made, vampirism, as a sexually related blood fetish, would probably be classified as a type of paraphilia, whereas lycanthropy and demonic possession—both of which involve major transformations of the personality into recognizable alternate entities—would most likely fall within the amorphous not-otherwise-specified category of the dissociative disorders.

THE OCCULT ROOTS OF MODERN PSYCHIATRY

We often forget that the history of the treatment of mental illness extends far back into the past from 20th century psychiatry and psychology to the magico-religious traditions of classical, medieval, and Renaissance European heritage, and even earlier to the worldwide phenomenon of shamanism in nonliterate hunting-gathering-fishing societies. According to the noted scholar and historian of religion, Mircea Eliade, "Shamanism is the most archaic and widely distributed occult tradition" (1976, p. 56), and it has passed on its occult theories and techniques in culturally modified forms to modern psychotherapeutic practice.

The Latin-derived word *occult* made its first appearance in the English language in 1545 to refer to that which was hidden or beyond the range of apprehension, understanding, or of ordinary, everyday knowledge. A modern definition by the sociologist Edward Tiryakian (1972), which corresponds to the contemporary usage of the term, describes "the occult" in part as "intentional practices, techniques, or procedures which . . . draw upon hidden or concealed forces in nature or the cosmos that cannot be measured or recognized by the instruments of modern science. . ." (p. 498). This definition covers the domain of magico-religious practices such as shamanism and the various traditions of the classically documented practices of astrology, ritual magic, and alchemy (among many others). A broader interpretation may also include all of the hypothesized instincts, complexes, drives, archetypes, dynamisms, automatisms, covert learned behaviors, repetition compulsions, and so on, that constitute the special forces of (human) nature that are examined and altered in the course of psychotherapy, but that are also largely of more mythological than scientific (meaning, rather narrowly, directly observable and quantifiable) significance. Forces invisible to the naked eye of the afflicted patient are indeed directly felt as real in some way by that individual and are altered with the assistance of the shaman or psychiatrist or psychologist in order to heal the person and to forever change the course of personal history. The material that the clinician molds and shapes with the patient is the same quintessential "stuff," primordial clay, or *prima materia*, with which the shamans and occult practitioners worked: dreams, fantasies, imagination, memories, emotions, desires, thoughts, behaviors.

The shaman's expertise as a "master of trance" and as a "master of

spirits" was what enabled him to perform the two functions necessary for the survival of his society—healing and divination—both of which involve contact with unseen (occult) forces. Through the practice of mental imagery enhancement techniques, the shaman develops what is indigenously described as an "inner" or "spiritual sight," or sometimes as a second set of eyes (the 17th century alchemist Gerhard Dorn described the analogous practice in European alchemy as learning "to see with his mental eyes," the *oculis mentalibus*). The altered states of consciousness experienced by the shaman (and often induced in his patients) that allowed him to have the vivid visions necessary to perform his journeys to retrieve lost souls, "see" into patients to diagnose their (usually mental) diseases, or execute the subsequent removal of pathogenic agents through exorcism or other means of magical extraction, all have their counterparts in modern psychotherapeutic practice. Edmonston (1986) in particular has documented the transmission of one such psychotherapeutic technique—hypnotic induction—from its shamanic and ancient civilized sources, throughout the underground occult traditions of Europe, to the animal magnetism of Mesmer, and finally, to the hypnotherapy of French alienists, who first used the word psychotherapy in about 1890 to refer to this practice. The persistence of other occult practices that were part of European alchemy, ritual magic, kabbalistic rituals (see Idel, 1988), and perhaps even the heretical activities that were deemed witchcraft are continued widely today in the use of hypnosis, guided imagery, and Jung's "active imagination" in psychotherapy (Noll, 1985; 1987).

A rather direct line of descent from the occult techniques of shamanism to modern 20th century psychotherapeutic techniques can indeed be traced through the course of cultural evolutionary history. This fact has been amply demonstrated by Henri Ellenberger in his magisterial *The Discovery of the Unconscious* (1970) and is frequently mentioned in the early chapters of volumes that summarize the history of psychiatry (e.g., Zilboorg, 1941; Alexander & Selesnick, 1966; Galdston, 1967; Rosen, 1968) and those that examine the factors common to so-called primitive and modern psychotherapeutic practices (Frank, 1961; Kiev, 1964; Torrey, 1972; Edmonston, 1986).

What is generally understated in the present age, however, is that until the mid-19th century, when Wilhelm Griesinger initiated the long reign of the Germans as leaders in psychiatry by forcefully promoting a psychopathology based solely on organic factors in dysfunctional

brains, theories of the etiology and treatment of mental illness still relied primarily on quasi-magical notions that were derived from ideas prominent in the occult traditions of Europe. Despite treatises written in the self-assured "scientific" style of the day, even well into the 1800s many alienists with strong religious beliefs of their own could not rule out demonic possession as the causal agent in some cases of insanity. Lunar influences are often cited in the earliest psychiatric manuals of the late 18th and early 19th centuries, and the effect of the phases of the moon on madness has continued to be periodically examined since then (see Oliver, 1943). When Philippe Pinel stated in his 1801 treatise on insanity, the classic *Traite médico-philosophique sur l'aliénation mentale, ou la manie*, that the "usual treatment" of the insane was "bleeding, bathing and purging," he was acknowledging that the most advanced treatment of his time for mental illness was still based on the ancient antiphlogistic or humoral theory of Hippocrates and Galen that was literally thousands of years old. An excess (*plethora*) of substances in the body were the cause of madness, and so, by relieving the pressure on the mind caused by these substances, mental alienation could be treated or even cured. Although bleeding the insane through venesection or leeching continued in remote asylums in the United States and Europe well into the 1800s, by mid-century most psychiatric authorities had denounced the practice as useless (Earle, 1854). Purgatives—emetics and laxatives—were administered to institutionalized mental patients until well into the 20th century in some cases, although the humoral theory was no longer cited as justification for this treatment (see the various entries for the somatic treatments of psychotic disorders in Noll, 1991). Thus, "spirit intrusion" or "disease object intrusion" that could be alleviated by exorcism or by other means of extraction or expulsion formed the primitive basis of psychiatric practice until well into the 20th century.

Have we really advanced to the point where no occult or magical ideas underlie our modern psychiatric theories and techniques? Probably not. For whenever there is an "unknown quantity," it is human nature to fill in the gaps in understanding by projecting ideas that may reveal more about our unconscious assumptions or about the human psyche itself than about the quantifiable reality of a phenomenon. Often, theoretical constructs are anthropomorphized as their creators endow themselves with divine powers and breathe life into their intellectual progeny. For example, Sigmund Freud proposed (in his final

metapsychology) that the human mind was split into at least three autonomous parts with different agendas—the ego, id, and superego—and that in our mental anguish we directly experience the vicissitudes of their autonomous activities as they clash. Nothing can distinguish the essential phenomenology of what Freud was describing from the reports of warring "spirits" or "gods" influencing the lives of the ancients, for his terms for these agents merely reflects the conventions of the culture in which he lived. "Spirits" was not an acceptable word for a causal explanation of human behavior or experience in Freud's time, and it is not an acceptable one in professional circles today. Perhaps the phenomena remain the same, but the names have been changed in translation from one culture or era to another. As C. G. Jung observes about our century, "The gods have become diseases" (1929/1968, p. 37). Or, as James Hillman (1979) succinctly points out:

> Mythology is a psychology of antiquity. Psychology is a mythology of modernity. The ancients had no psychology, properly speaking, but they had myths, the speculative tellings about humans in relation with more-than-human forces and image. We moderns have no mythology, properly speaking, but we have psychological systems, the speculative theories about humans in relation with more-than-human forces and images, today called fields, instincts, drives, complexes. (pp. 23–24)

Yet, despite a 20th century humanistic education and constant immersion in a mass media that frequently reports the latest scientific "facts" in medicine and psychiatry and their organic essence, many of the nonprofessional persons who make up clinical caseloads today plainly speak of spirits or other malevolent influences on their behaviors. "Initiated" professionals assume this is because their patients are simply ignorant of the "true" causes of their behavior described best by the special magical language of the healing specialists of our culture. The magical language of psychiatry is comprised of a vocabulary that is psychoanalytic, biochemical, neurological, psychological, genetic—yet all of these words refer to "things," things that seem to have a life of their own to the patient, but that cannot be held in the patient's hand or photographed by any machine, let alone observed directly or extracted surgically. Telling a patient that his or her distress is due to

the unseen (occult) influence of an unconscious id impulse, a complex, an archetype, an automatic maladaptive behavior learned from the modeling behaviors of disordered parents, the phenotypic expression of his or her genotype, dysfunctional family interaction patterns that the person repeats without awareness, or other such theoretical constructs created to identify the nature of the motivating factors in psychopathology, is no different than a shaman telling a patient that his or her distress is due to the intrusion of magical disease objects, or of spirits, or the breaching of a familial or cultural taboo, or of the loss of a soul that must be returned to the person in the course of treatment.

As our language for explaining the nature of the pathogenic agents experienced in the phenomenal worlds of our patients remains essentially primal and somewhat occult in nature, so too do descriptions of some rare and unusual mental disorders that centuries of observation and speculation still have not satisfactorily explained.

PSYCHIATRY'S TROPICAL DISEASES: UNUSUAL PSYCHIATRIC SYNDROMES

Psychiatry has roots that are historically occult and must continue to operate within the realm of human experience that is the unexplained, the unknown, the unseen. The extraordinary phenomena to be found in the shadowlands of psychiatry sometimes do not provide a good fit with existing scientific theories or terminology. The richness of human experience is difficult to taxonomize, and therefore, the map of the known psychopathological universe is continually changing. The three syndromes presented in this volume are representative of the entities found along the blurred perimeter of the psychiatric cosmos that have been referred to as "uncommon psychiatric syndromes" (Enoch & Trethowan, 1979) or "extraordinary disorders of human behavior" (Friedmann & Faguet, 1982). These are the "tropical diseases" of psychiatry that most clinicians will never encounter even once in their lifetimes.

The three disorders selected for this volume share the distinction of being unusual psychiatric syndromes of presumed malevolent supernatural origin that were reported by the ancients but that were thought to have vanished centuries ago. The 20th century case histories included here demonstrate that this is clearly not the case, and that we cannot presume to be able to explain everything. As the fictional Prof.

Dr. Abraham Van Helsing observed when outlining the rationale for his diagnosis of vampirism to the survivors of Dracula's victims, there are indeed mysteries that age by age may only be solved in part.

REFERENCES

Alexander, F. G., & Selesnick, S. T. (1966). *The History of Psychiatry.* New York: Harper & Row.

American Psychiatric Association. (1987). *Diagnostic and Statistical Manual of Mental Disorders. Third Edition, Revised* Washington, D.C.: American Psychiatric Association.

Clements, F. E. Primitive concepts of disease. (1932). *University of California Publications in American Archaeology and Ethnology, 32,* 185–252.

Earle, P. Bloodletting in mental disorder. (1854). *American Journal of Insanity, 10,* 387–405.

Edmonston, W. E. (1986). *The Induction of Hypnosis.* New York: John Wiley & Sons.

Eliade, M. (1976). The occult and the modern world. In Eliade, M., *Occultism, Witchcraft, and Cultural Fashions: Essays in Comparative Religions.* Chicago: University of Chicago Press.

Ellenberger, H. (1970). *The Discovery of the Unconscious.* New York: Basic Books.

Enoch, M. D., & Trethowan, W. H. (1979). *Uncommon Psychiatric Syndromes.* 2nd ed. Bristol, UK: John Wright & Sons Ltd.

Frank, J. D. (1961). *Persuasion and Healing: A Comparative Study of Psychotherapy.* Baltimore: Johns Hopkins Press.

Friedmann, C. T. H., & Faguet, R. A. (1982). *Extraordinary Disorders of Human Behavior.* New York: Plenum Press.

Galdston, I. (1967). *Historic Derivations of Modern Psychiatry.* New York: McGraw-Hill.

Hillman, J. (1979). *The Dream and the Underworld.* New York: Harper & Row.

Idel, M. (1988). *Kabbala: New Perspectives.* New Haven: Yale University Press.

Jung, C. G. (1917/1926/1943/1966). On the psychology of the unconscious. In Jung, C. G. *Two Essays on Analytical Psychology. The Collected Works of C. G. Jung, Vol. 7.* 2nd ed. Princeton: Princeton University Press.

Jung, C. G. (1929/1968). Commentary on "The Secret of the Golden Flower." In Jung, C. G., *Alchemical Studies. The Collected Works of C. G. Jung, Vol. 13.* 2nd ed. Princeton: Princeton University Press.

Jung, C. G. (1931/1970). Archaic man. In Jung, C. G., *Civilization in Transition. The Collected Works of C. G. Jung, Vol. 10.* 2nd ed. Princeton: Princeton University Press.

Kiev, A. (ed.). (1964). *Magic, Faith, and Healing: Studies in Primitive Psychiatry Today.* New York: The Free Press.

Noll, R. (1985). Mental imagery cultivation as a cultural phenomenon: The role of visions in shamanism. *Current Anthropology, 26,* 443–461.

Noll, R. (1987). Mental imagery cultivation and individuation: The historical context of techniques of spiritual transformation. In Heinze, R. I. (ed.), *Proceedings of the Third International Conference on the Study of Shamanism.* Berkeley: Independent Scholars of Asia.

Noll, R. (1991). *The Encyclopedia of Schizophrenia and the Psychotic Disorders.* New York: Facts-On-File, Inc.

Oliver, J. F. (1943). Moonlight and nervous disorders: An historical study. *American Journal of Psychiatry, 99,* 579–584.

Rosen, G. (1968). *Madness in Society: Chapters in the Historical Sociology of Mental Illness.* Chicago: University of Chicago Press.

Russell, J. B. (1977). *The Devil: Perceptions of Evil from Antiquity to Primitive Christianity.* Ithaca: Cornell University Press.

Russell, J. B. (1981). *Satan: The Early Christian Tradition.* Ithaca: Cornell University Press.

Russell, J. B. (1984). *Lucifer: The Devil in the Middle Ages.* Ithaca: Cornell University Press.

Russell, J. B. (1986). *Mephistopheles: The Devil in the Modern World.* Ithaca: Cornell University Press.

Samuels, A. (1989). *Psychopathology: Contemporary Jungian Perspectives.* London: Karnac Books.

Tiryakian, E. A. (1972). Toward the sociology of esoteric culture. *American Journal of Sociology, 78,* 491–512.

Torrey, E. F. (1972). *The Mind Game: Witchdoctors and Psychiatrists.* New York: Emerson Hall.

Zilboorg, G. (1941). *A History of Medical Psychology.* New York: W. W. Norton.

"Teach thy tongue to say,
'I do not know.'"

Moses Maimonides,
12th century A.D.

PART I

VAMPIRISM

Prof. Dr. Van Helsing: "Well, I shall tell you. My thesis is this: I want you to believe."
Dr. Seward: "To believe what?"
Prof. Dr. Van Helsing: "To believe in things that you cannot."

Bram Stoker,
Dracula (Chapter 14), 1897

Introduction

"There are such beings as vampires; some of us have evidence that they exist."

Abraham Van Helsing, M.D.,
in Bram Stoker's *Dracula*
(Chapter 18), 1897

BLOOD, RITUAL, AND A DANGEROUS FANTASY

The drinking of blood—particularly human blood—is one of the oldest taboos of the Judeo-Christian tradition. Perhaps the earliest scriptural prohibition comes from Pentateuch's book of Deuteronomy (12:23) in which specific procedures are outlined for the disposal of sacrificial animals: "Only take care not to consume the blood, for the blood is the life, and you must not consume the life with the flesh." The significance of blood as a symbol of life was used by Jesus in the New Testament accounts of the Last Supper. In the Gospel According to St. Matthew (26:26–29), the ritual that Jesus performs for the first time with his disciples invokes the powerful symbolism of blood as a life-force and, as some scholars have suggested, he may have deliberately employed the metaphor of a taboo activity as a device to further bond the group together through mutual participation in a forbidden practice. Doing so symbolizes a break with the old traditions, thus transforming the event into an initiation ritual: "'Take it and eat, This is my body.' Then he took a cup, and when he returned thanks he gave it to them. 'Drink all of you from this,' he said, 'for this is my blood.'"

Although the Christian Mass involved a ritualized reenactment of

the Last Supper, the transformation of wine into blood that was then consumed by the priests and those persons attending the Mass was largely considered symbolic until the year 1215. At that time, Pope Innocent III held the Fourth Lateran Council at which it was decided that the priest participated in a genuine miracle at each Mass, for as the Council defined the new dogma: "The body and blood of Jesus Christ are truly contained under the appearance of bread and wine in the sacrament of the altar, the bread being transubstantiated into the body and the wine into the blood" (cited in Tannahill, 1975, p. 56). However, this controversial decision came back to haunt the Church as an important catalyst that helped ignite the 16th century Reformation, with Martin Luther and other Protestants believing that the symbolic nature of Jesus' words should be retained (consubstantiation).

Although there are many purported examples of the ritualized drinking of human blood and cannibalism in ethnographic and historical accounts (Hogg, 1958; James, 1933; Tannahill, 1975), the actual practice of such activities has been considered particularly execrable in Western culture. In fact, despite Western ethnocentric notions to the contrary, cannibalism enacted outside of a ritual context has been considered an anathema in almost all cultures. Furthermore, according to one scholar (Arens, 1979), anthropologists have been notoriously lax in verifying reports of cannibalism in exotic cultures, relying primarily on legends and second-hand reports rather than first-hand knowledge (or participant-observation!). A collection of essays on "the ethnography of cannibalism" edited by Brown and Tuzin (1983) also supports this more critical modern view of the phenomenon.

In fact, in Western culture, such activities have often been imagined by societal majorities to be practiced by minority subgroups—real or imaginary—that have beliefs or customs that conflict with those of the dominant majority, and this dangerous "fantasy" has contributed to mass executions, persecutions, pogroms, and witch-hunts involving the deaths of millions. British medieval historian Normal Cohn has identified the core complex of ideas that makes up this "fantasy" and has documented how, since at least the second century A.D., accusations of infantile cannibalism; the physical and sexual abuse of children; sex orgies involving adults, children, and sometimes animals; and blood-drinking rituals have been aimed at minority groups all too often in the course of European history. In the second century A.D., Christians were accused of indulging in this core group of abominations by the Romans.

Subsequently, Christians used these same tactics against the Jews (Strack, 1909; Trachtenberg, 1943; Hsia, 1988) and other groups deemed heretical for their deviant beliefs.

Cohn (1975, p. xi) described this "fantasy" thus: "The essence of the fantasy was that there existed, somewhere in the midst of the great society, another society, small and clandestine, which not only threatened the existence of the great society but was also addicted to practices which were felt to be wholly abominable, in the literal sense of anti-human." Cohn's scholarly focus has always been on the documentation of the influence of actual groups, cults, or sects that maintained beliefs and practices that either completely or partially conflicted with Church dogma and thus Christian ecclesiastical authority (Cohn, 1970; 1975). However, this fantasy has also been held by the majority about *imagined* minority groups.

As the legendary creature of supernatural origin known as the vampire (from the Hungarian, *vámpir*) has long been associated with blood drinking and other abominable practices, it is not surprising that the widespread folklore telling of a society of vampires that threatens humanity led to many documented mass hysterical vampire scares in various towns and cities in Central Europe during the 17th and 18th centuries (Klaniczay, 1987). In Hungary, the panics related to vampires eclipsed concerns about hunting witches, and so in 1766, a commission set up by Empress Maria Theresa drew up a new law forbidding any kind of witch-hunting, and in 1768, new laws forbade prosecution for any sort of magical activity. But as the well-known Hungarian scholar Gábor Klaniczay (1990) observes, "The Empress, it is worth noting, was roused to action not by the persistence or re-emergence of witch-hunting in Hungary, but by the popular panic about a new kind of monstrous being, the vampire, whose frequent appearances in neighboring Moravia had also aroused considerable interest in Vienna" (p. 170).

In his exemplary essay on the cannibalism issue, British ethnologist I. M. Lewis makes related observations about the reports of cannibalism and blood drinking from around the world when he argues, "In fact, the application of the derogatory label 'man-eater' is one of the most widely distributed methods by which the members of one group or community dissociate and distance themselves from outsiders beyond the pale" (Lewis, 1986, pp. 63–64). In Africa, where Lewis did his fieldwork in the 1950s, he found that victims of oppression would sometimes hurl these accusations against their societal superiors, particularly the

white Europeans. Like the vampire panics that occurred from time to time in Europe, Africa too had its vampire scares:

> I discovered . . . the assumption, widely prevalent at that time, that many Europeans were vampire-men who sucked the blood and ate the flesh of innocent Africans. Similar concepts about cannibalistic Europeans flourished with varying degrees of intensity in east Africa . . . , southern Africa, and in the Congo, where during the Belgian period in Leopoldville the white vampire was known as the 'man with the lamp.' Around the same time (1958) an unsuspecting European firm in the Belgian Congo marketed canned meat in cans depicting chubby, smiling African babies. The product was not an unqualified success. (Lewis, 1986, pp. 64–65)

An excellent summary of the approach of the British social anthropologists to the issue of witchcraft accusations in Europe and in nonliterate societies is contained in the volume of essays edited by Mary Douglas (1970).

As an aside, it must be mentioned that an analogous mass hysterical phenomenon peculiar, it seems, to the United States and Canada is the frightening—but totally unsubstantiated—belief that there is a vast underground conspiracy of satanic cults practicing the Black Mass with ritualized cannibalism, the killing and eating of infants, sexual orgies involving all ages and species, and blood rituals. Reports began to appear with alarming frequency in the American media after about 1980. Some anti-satanism groups have claimed that as many as 50,000 children are kidnapped, abused, and sometimes killed each year. Day-care center staff members are accused not only of sexual abuse but also of satanism, and libraries around the country are pressured by anti-satanism groups to remove books from their shelves—often children's books, especially those, for some reason, of best-selling author Shel Silverstein. Entire families involving several generations, and perhaps even entire towns, are believed by many to be secretly part of this vast underground satanic network. Some professional refereed psychiatry journals have published articles that have added to the hysteria, passing along such unsubstantiated claims that the heretical Christian groups now known as the Gnostics practiced a form of the Black Mass in the first few centuries A. D. (Hill & Goodwin, 1989). Other articles authoritatively discuss the existence

of "highly structured and rigidly secretive cults" implicated in "allegiance to or worship of Satan," including, among others, "families (including multigenerational involvement)" without providing documentation for the existence of even *one* such family or even challenging the assumption that such groups exist in any critical way (e.g., Van Benschoten, 1990).

Not surprisingly, serious investigators—for example, analysts at the Federal Bureau of Investigation (Lanning, 1989;1991)—have examined the reports and have found absolutely no corroborating physical or other evidence to back up claims of an ancient underground network of satanists involved in ritualized murder, blood drinking, and child abuse. Indeed, even Jeffrey Burton Russell, a medievalist and one of the leading historians of European witchcraft, Satan, and satanism writes, "I doubt that even today widespread organization of Satanism exists, and I can assure your readers categorically that it never existed before the beginning of this century" (Russell, personal communication, 1990). This mass psychological phenomenon is now being studied by sociologists (Victor, 1989; 1990), law enforcement analysts (Hicks, 1991), folklorists (Stevens, 1989), and psychiatrists and psychologists (Gannaway, 1989; Noll, 1989; in press) in order to understand the persistence of these beliefs in the face of an overwhelming absence of corroborating evidence. Public and professional resistance to the idea that the current satanism scare may be nothing more than a modern revival of Cohn's "fantasy" is quite strong, but it must also be pointed out that even at the turn of the century Christian theologians and Papal authorities published refutations of the idea that Jews kidnapped Christian infants and used them in blood sacrifice rituals (see Lipschiltz, 1882; Roth, 1934) because many still believed it to be true. At least the Jews could be demonstrated to physically exist; satanists seem to be the vampires of 20th century America.

VAMPIRES—THE LEGEND

> "In all the darkest pages of the malign supernatural there is no more terrible tradition than that of the Vampire, a pariah even among demons. Foul are his ravages; gruesome and seemingly barbaric are the ancient and approved methods by which folk must rid themselves of this hideous pest."
>
> Montague Summers,
> *The Vampire: His Kith and Kin*, 1928

The best source of scholarly information relating to the cross-cultural study of folklore concerning the vampire or other blood-sucking demons remains the controversial work of Montague Summers (1928; 1929). Belief in malevolent supernatural entities that fed on the blood of the living seems to have been a part of the mythologies of most cultures in one form or another, and no one has matched Summers' compilation of sources. The problem, however, lies in Summers' own personal beliefs about vampires (and werewolves, witches, demons, etc.), which he interjects liberally into his texts—namely, that these supernatural entities truly exist and are agents of the Devil sent here to earth to torment humankind. Summers (reputed to be an ordained priest in the Church of England) fancied himself a modern Inquisitor of sorts, and so some of his translations from obscure texts probably should be taken with a grain of salt until a future specialist can replicate his work. As it stands now, Summers, who lived from 1880 to 1948, can still hide behind a wall of erudition.

Two relatively recent explorations of the vampire legend from scholars of folklore can be found in the works by Barber (1988) and Dresser (1989).

The first reference in the English language to vampires appears in a 1734 book called *Travels with Three English Gentlemen.* However, the definition the author uses seems to be closely based on a German text published just the year before, in Halle, by John Heinrich Zopfius. In his *Dissertatio de Vampiris Serviensibus* of 1733, Zopfius writes:

> Vampires issue forth from their graves in the night, attack people sleeping quietly in their beds, suck out all their blood from their bodies and destroy them. They beset men, women, and children alike, sparing neither age nor sex. Those who are under the fatal malignity of their influence complain of suffocation and a total deficiency of spirits, after which they soon expire. Some who, when at the point of death, have been asked if they can tell what is causing their decrease, reply that such and such persons, lately dead, have arisen from the tomb to torment and torture them. (cited in Summers, 1928, pp. 1–2)

This early description provides all the essential characteristics of the vampire legend as we still know it today.

DRACULA

Throughout the latter half of the 18th and the entire 19th centuries, vampires were the subject of many poems, stage plays, novels, and "penny dreadfuls" throughout Europe, but particularly in England (see Carter, 1975; also Summers, 1928, pp. 271–340 as it is an exemplary scholarly treatment of "The Vampire in Literature;" for the German literature see Hock, 1901). This interest was directly due to the peaking of the "vampire epidemic" in Central Europe in the 1730s (Klaniczay, 1987). Yet none of these fictional accounts surpasses the continuing influence of the most terrifying (and titillating) vampire novel of all time, *Dracula* (1897), by Irish author Bram Stoker (1847–1912).

Stoker was a prolific writer of books and short stories, but his main occupations were as the agent for Henry Irving, one of the most famous actors in the world during the late 19th century, and as business manager for London's Lyceum Theatre (see the biographies by Ludlam, 1962, and Roth, 1982). His occupation as Irving's agent required frequent travel as the star appeared in productions throughout Europe and the United States.

It was during these many travels, specifically between the years 1890 and 1896, that Stoker began to keep working notes on the characters and plot lines for a vampire novel that would later become *Dracula*, which he finished writing about a year prior to its being published in May of 1897. Stoker used the British Museum in London and various libraries as he travelled to conduct meticulous research into the legend of the vampire, the geography and customs of Transylvania (then in Hungary), and the many other details (nautical weather schedules, etc.) that would flesh out the skeleton of the novel. His working notes were sketched out on numerous slips of paper and sheets of hotel stationary. A collection of nonfiction essays on vampirism that were apparently consulted by Stoker when researching his book have been reprinted in a collection edited by Leatherdale (1987). Although it is debated whether an actual original manuscript of Stoker's *Dracula* exists (one source told me that a private collector in California owns it), some of Stoker's original notes and library research materials were discovered by the noted Dracula scholars Raymond McNally and Radu Florescu of Boston College in the 1970s in their present location—the Philip H. and A. S. W. Rosenbach Foundation on Delancy Street in Philadelphia. A summary of the character of these private and unpublished

materials can be found in a recent book by these scholars (Florescu & McNally, 1989, pp. 221–234).

Transylvania is an actual place, not merely a legend. It is an area of Central Europe that was settled primarily by German Saxons centuries ago (in addition to the Hungarians, Szekelers, Romanians, and Romani or "Gypsies" that were already there), and since most of the population was concentrated in seven towns with German names it was long known as Siebenbürgen (in German, the seven cities). The classic catalog of Transylvanian coins by Adolph Resch (1901) illustrates that the Transylvanian coat of arms of seven circles or seven fortress towers appeared on the obverse of coins depicting various Hapsburg monarchs. These were the type of coins in use in this domain of the Holy Roman Empire (*sacrum romanum imperium*) during the time of the vampire scares of the 17th and particularly the 18th centuries. Stoker uses the German names of the Transylvanian towns that were still in the Austro-Hungarian Empire of his day. However, after WWI, Transylvania was taken from Hungary and made a part of Romania and the original names of the towns were replaced by Romanian names.

McNally and Florescu are perhaps the two most important scholars ever in the study of Dracula and the vampire legend, for they also proved conclusively that Stoker's book and main character were based on actual places and people. In a 1972 book, *In Search of Dracula*, they proved that a 15th century prince of Wallachia (now a part of Romania) named Vlad Tepes (1431–1476), or Vlad the Impaler, was actually called Dracula or a variant thereof during his lifetime. "Dracul" means "dragon" or "devil," and so "Dracula" means "son of the dragon" or "son of the devil." McNally and Florescu were able to demonstrate that Stoker was aware of this real Dracula and that he based the physical description of his fictional "king of the vampires" on this 15th century prince noted and feared for impaling his enemies on wooden stakes. These two gifted scholars have contributed many classic books on the real and fictional Draculas (McNally & Florescu, 1972; Florescu & McNally, 1973; McNally, 1983; Florescu & McNally, 1989).

Stoker's *Dracula* is an extremely important work for two connections it makes that are essential to the understanding of the case histories of the clinical vampires of today: (1) the linkage of psychiatry and folklore, that is, "insanity" and vampirism; and (2) the fusion of sexual excitement and the drinking of blood.

A fact that is not frequently elaborated upon in the scholarship on

Dracula is that the nexus for the development of many events in the book is an asylum for the insane in England, and several of the characters in the book have an intimate connection with this "mad-house" (actually a large private lunatic asylum in Purfleet) whether as a patient (R. M. Renfield) or as medical professionals who live in or near its grounds (the young superintendent of the asylum, John Seward, M.D.) and their friends and loved ones (the female victims of Dracula).

In reviewing Stoker's personal papers for *Dracula* at the Rosenbach Foundation (as I did in October 1990, with my gratitude expressed to Rosenbach archivist Leslie Morris), it became immediately clear that Stoker meant his novel to have this peculiar psychiatric basis, and it was apparent from the start that the characters of an asylum physician and a psychotic patient would figure prominently. It is obvious from Stoker's notes where he got his geographical and cultural materials, but no psychiatric texts are mentioned as having been consulted even though he uses the psychiatric terminology of his day correctly and his descriptions of the psychotic Renfield's blood drinking accurately match the case histories of clinical vampirism found in the psychiatric literature (and which are included in this volume).

The assertion by Florescu and McNally (1989) that Stoker's notes at the Rosenbach Foundation contain "a few remarks about the sketches of the symptoms of insanity garnished from one of Stoker's brothers, Sir William Thornley, a former president of the Royal College of Surgeons" (p. 222) is not correct. The notes to which they refer are neurological, not psychiatric, and concern the sequelae of head trauma to various parts of the brain (e.g., contralateral symptoms, coma) and do not contain any hint of reference to the signs or symptoms of the recognized mental disorders of the late 19th century. Extensive quotations from a two-volume book on *The Theory of Dreams* (1808) by F. C. and J. Rivington is the only reference in Stoker's notes that is remotely psychological in nature, and the quotes that he reproduced from that source tend to be rather metaphysical and not very psychological. The publication of Stoker's notes in book form is presently the goal of Dracula scholar Joseph Bierman.

In the novel *Dracula*, whose plot is revealed in a series of excerpts from diaries and letters, the opening sequence takes place in Transylvania where Jonathan Harker meets the vampires for the first time in the castle of Count Dracula, but much of the action begins after Dracula buys the abandoned Carfax estate next to the asylum and courts

the psychotic Renfield, who escapes his "straight-waistcoat" and his padded room repeatedly, sometimes ending up in the abandoned estate now belonging to Dracula. After Dracula's relocation to Carfax (unknown, of course, to the main characters), the fiancée of a friend of John Seward's, Lucy Westerna, develops a strange illness that causes her to sleepwalk and renders her rather anemic. She is obviously being drained of blood bit by bit during the nocturnal visits of her demon lover—Dracula. Seward, a physician, cannot find anything wrong with her, and so, as he writes in a letter, "I have written to my old friend and master, Professor Van Helsing, of Amsterdam, who knows as much about obscure diseases as anyone in the world" (Chapter 9). Van Helsing, besides being a medical expert and a professor, is an expert on the occult and he makes the supernatural diagnosis of *vampirism* and begins to treat Lucy accordingly, but without letting the others know the true cause of her distress until much later.

It is through Dracula's telepathic influence on the weak mind of the mentally ill Renfield that Dracula is able to gain entry into the asylum and into the lives of those connected with it. This aspect of the story is consistent with the theory found in Johann Wier's *De Praestigiis Daemonum (On the Wiles of the Devil)* of 1563 that the devil (and vampires are agents of the devil) usually chooses as his victims those suffering from melancholic or hysterical delusions, rendering them vulnerable to infernal deception (see Anglo, 1976). According to Stoker's reading of the vampire legend, vampires must be "invited" into a house by someone who lives there. However, prior to Dracula's arrival in England (which he plans to "conquer" and transform its inhabitants into a society of vampires), Renfield was already well on his way to becoming a clinical vampire, and in the figure of Renfield, Stoker provides a human counterpart to the supernatural vampire, the centuries-old Dracula. As they are of like natures, it was only to be expected that they would be drawn to one another, at least telepathically. Renfield, age 59, is first described in the book by Dr. Seward as having the following symptoms: "Sanguine temperament; great physical strength; morbidly excitable; periods of gloom ending in some fixed idea which I cannot make out." Stoker here reveals his informed knowledge of 19th century psychiatric nomenclature by expertly describing the classic symptoms (in Renfield) of "monomania," the most frequently diagnosed mental disorder in Europe until "hysteria" came into vogue in the last quarter of that century (see Goldstein, 1987). The monomaniacal "fixed

idea" that Seward later discovers is Renfield's mad theory of perpetual life, that by ingesting the life-force of other living things his own life-force can be increased. Renfield starts by attracting flies with sugar, eating some of them himself but also feeding them to spiders, which he systematically fattens up and eats. He keeps careful calculations of the total number of lives he has consumed in a notebook, which is described to be like an accounting ledger. However, eventually the blood of flies and spiders is not enough. He asks Seward for a kitten or a cat, and is refused. Undaunted, Renfield figures out a way to attract birds to the window of his cell, but one day they disappear, although their feathers are all over his cell. Seward chillingly writes in his diary:

> 11 a.m.—The attendant has just been to me to say that Renfield has been very sick and has disgorged a whole lot of feathers. "My belief is, doctor," he said, "that he has eaten his birds, and that he just took and ate them raw!"

Although only Van Helsing can make the supernatural diagnosis of vampirism in the case of Dracula and his victims (Lucy, Mina, etc.), and Seward must invent a new psychiatric diagnosis for his human patient, the motivation of their abnormal behaviors is the same—the ingestion of the life-force (blood) of living beings to sustain their own lives. With these two vampiristic characters—one human, one supernatural—Stoker successfully weds psychiatry and folklore, clinical and legendary phenomena, and yet is true to the unique image of vampires drawn by each of these traditions.

After Renfield eats living birds, Seward excitedly writes in his diary that his "homicidal maniac is of a peculiar kind," and that he "shall have to invent a new classification for him, and call him a zoöphagous (life-eating) maniac; what he desires is to absorb as many lives as he can" (Chapter 6). Seward then becomes a bit grandiose himself, speculating that if he could unlock the secret of the mind "of even one lunatic," he could surpass the scientific achievement of "Burdon-Sanderson's physiology or Ferrier's brain knowledge." It is not known if Stoker's brother provided him with these nonpsychiatric references, although David Ferrier's *The Functions of the Brain* of 1886 was much discussed just prior to the period that Stoker began writing, as it is a clinical and experimental review of findings in support of the much-debated idea of the localization of function in the brain.

Finally, Renfield no longer remains content with ingesting insects and smaller mammals and instead succumbs to his first true act of clinical vampirism, with Seward as his victim. Seward writes in his diary:

> I was engaged after dinner in my study posting up my books, which, through press of other work and the many visits to Lucy, had fallen sadly into arrear. Suddenly the door was burst open, and in rushed my patient, with his face distorted with passion. I was thunderstruck, for such a thing as a patient getting of his own accord into the Superintendent's study is almost unknown. Without an instant's pause he made straight at me. He had a dinner-knife in his hand, and, as I saw he was dangerous, I tried to keep the table between us. He was too quick and too strong for me, however; for before I could get my balance he had struck at me and had cut my left wrist rather severely. Before he could strike again, however, I got in my right and he was sprawling on his back on the floor. My wrist bled freely, and quite a little pool trickled on the carpet. I saw that my friend was not intent on further effort, and occupied myself binding up my wrist, keeping a wary eye on the prostrate figure all the time. When the attendants rushed in, and we turned our attention to him, his employment positively sickened me. He was lying on his belly on the floor licking up, like a dog, the blood which had fallen from my wounded wrist. He was easily secured, and, to my surprise, went with the attendants quite placidly, simply repeating over and over again: "The blood is the life! The blood is the life!" (chapter 11).

Renfield's macabre theory that the ingestion of "life" (blood) is necessary for sustaining his own is repeated by some clinical vampires in their published case histories, as is zoophagous activity (e.g., drinking the blood of animals from an abattoir), which sometimes seems to precede the graduation to desiring human blood. Even though nothing is known about Renfield's childhood or history prior to being placed in an asylum, it is interesting that Stoker's character manifests the graduation of presenting symptomatology of clinical vampirism in adults as we know it today (see especially the three case histories presented by

South African psychiatrists Hemphill and Zabow reproduced in this section).

Stoker makes a second major contribution to understanding the psychology of the vampire by graphically illustrating the sexual component of drinking blood. As is discussed in the following, and in the case histories, clinical vampirism often involves a combination of sexual activity and blood drinking, and the act of drinking blood is sexually arousing, making clinical vampirism a sort of sexual blood fetish.

In *Dracula*, scenes in which a vampire seizes and bites his or her victim are described by Stoker with a boldly erotic style that seems to depict passionate acts of oral sex. Jonathan Harker gets it from one of three lovely female vampires in Dracula's castle who playfully argue over who gets to "kiss" the young man first early in the book (Chapter 3). Harker did not know they were vampires and was no doubt expecting quite another experience than the one he received:

> I lay quiet, looking out under my eyelashes in an agony of delightful anticipation. The fair girl advanced and bent over me till I could feel the movement of her breath upon me. . . . I was afraid to raise my eyelids, but looked out and saw perfectly under the lashes. The girl went on her knees, and bent over me, simply gloating. There was a deliberate voluptuousness which was both thrilling and repulsive, and as she arched her neck she actually licked her lips like an animal, till I could see in the moonlight the moisture shining on the scarlet lips and on the red tongue as it lapped the white sharp teeth. Lower and lower went her head as the lips went below the range of my mouth and chin. . . . I could feel the soft, shivering touch of the lips on the super-sensitive skin of my throat, and the hard dents of two sharp teeth, just touching and pausing there. I closed my eyes in languorous ecstasy and waited—waited with beating heart.

Much later in the novel (Chapter 21), Dracula finally reaches his longed-for victim, Mina Harker, pulls open his shirt, opens a vein in his chest with his sharp fingernail, and then does the following:

> . . . his right hand gripped her by the back of the neck, forcing her face down on his bosom. Her white nightdress was

> smeared with blood, and a thin stream trickled down the man's bare breast which was shown by his torn-open dress. The attitude of the two had a terrible resemblance to a child forcing a kitten's nose into a saucer of milk to compel it to drink.

Because of the overt sexuality of the vampire myth, particularly as it was portrayed by Stoker, vampires began to arouse the interest of psychoanalysts. The psychoanalytic literature on the oral-sadistic and sexual aspects of *Dracula* and of vampires in general is varied, although Ernest Jones' treatment of the vampire in his book, *On the Nightmare* (1951), is the most often cited source of psychoanalytic speculation on the subject. More recent noteworthy additions to the literature are the contributions by Twitchell (1980), Roth (1977), Bierman, (1972) and Bentley (1972). Many of these essays can be found along with others in a collection of *Dracula* literary criticism by Carter (1988). For a Jungian literary interpretation, see the brief analysis put forth by Phillips (1986).

Author Stephen King has much to say on the subject of the sexuality of vampirism in his excellent survey of the horror genre, *Danse Macabre* (1981). In his discussion of *Dracula*, King (1981, p. 64) argues that ". . . much of the evil embodied in the Count is a perverse sexual evil. Stoker revitalized the vampire legend largely by writing a novel which fairly pants with sexual energy." Further, King astutely observes, "It is also sex without responsibility, and in the unique and amusing term coined by Erica Jong, the sex in *Dracula* can be seen as the ultimate zipless fuck" (p. 66). Interestingly, although King is often openly hostile to psychoanalytic speculation, he seems to be agreeing with Ernest Jones' interpretation of vampirism when he says, "The sexual basis of *Dracula* is an infantile oralism coupled with necrophilia. . . ." (p. 66). Presently, the erotic adventures of the vampire legend continue in the vampire novels of author Anne Rice (Ramsland, 1991).

CLINICAL VAMPIRISM (RENFIELD'S SYNDROME)

According to the legend of the vampire, it is really only after a vampire victim's first feeding, the first tasting of blood, that individuals cross over the line and become vampires. They then must forever serve the mad craving for blood that this experience initiates. This crossing over

the line, the breach of a cultural taboo against the drinking of blood, is what marks the beginning of the disease of vampirism, both in legend and in fact. For this reason, the modern phenomenon called "clinical vampirism" is perhaps best understood in terms of the primitive theory of a disease caused by the violation of a taboo (see the introduction to this book). The excitement experienced by engaging in a forbidden act only reinforces the behavior and increases the likelihood that it will be repeated again and again.

Herschel Prins (1984), a British authority on clinical vampirism whose work has been invaluable in defining the syndrome, points out that in the psychiatric literature the word "vampirism" has been used to cover a spectrum of phenomena. Such rare activities as necrophagia (eating the flesh of the human dead), necrophilia (sexual excitement and contact with corpses), cannibalism, and other sequelae of a *lustmord* (lust-murder) such as necrosadism (the abuse of corpses) have been included under this label since the 19th century in addition to the traditional meaning of drinking the blood of others (vampirism) and one's own blood (autovampirism). All of these activities are discussed together in a paper on "unusual sexual syndromes" by Rebal, Faguet, and Woods (1982).

It is quite conceivable that Bram Stoker came into contact with the 1892 English translation of *Psychopathia Sexualis* (1886) by the famous German neurologist and psychiatrist Richard von Krafft-Ebing (1840–1902), which contains many vivid case histories of lust-murders involving necrophagia, necrophilia, blood drinking, and the sexual excitement that some individuals can only experience when they see fresh blood flowing, or imagine it to be doing so, from their sexual partners. The vampires in Stoker's book perform gruesome lust-murders on men, women, and even on children that are similar in tone to the graphic examples provided in Krafft-Ebing's famous text. The 19th century expert on sexual pathology defines "lust-murders" as "lust potentiated as cruelty, murderous lust extending to anthropophagy" (Krafft-Ebing, 1892, p. 62). The most vampire-like of the lust-murders cited by Krafft-Ebing is the often-cited story of a 19-year-old vinedresser by the name of Leger:

> Case 19. . . . . From youth moody, silent, shy of people. He starts out in search of a situation. He wanders about eight days in the forest, there catches a girl twelve years old, violates her,

> mutilates her genitals, tears out her heart, eats of it, drinks the blood, and buries the remains. (Krafft-Ebing, 1892, pp. 63–64)

The article by Prins in this collection includes his classification schema for the varying degrees of what he considers to be the best definition of vampirism. As he himself notes, it is based on the work of Bourguignon (1977; 1983). The model of clinical vampirism proposed here (and based on a reading of many of the case histories below) defines the syndrome according to a discernible course that fits all the case histories in one or more of its aspects. It is also proposed that the sexual blood-fetish syndrome defined here as clinical vampirism should bear a new eponymous label in future psychiatric treatments and be renamed Renfield's syndrome in honor of the character in Bram Stoker's *Dracula* who bore many of the classic signs and symptoms of the disorder.

The following are the proposed characteristics of Renfield's syndrome:

1. A pivotal event often leads to the development of vampirism (blood drinking). This usually occurs in childhood, and the experience of bleeding or the taste of blood is found to be "exciting." After puberty, this excitement associated with blood is experienced as sexual arousal.

2. The progression of Renfield's syndrome follows a typical course in many cases:

Autovampirism is generally developed first, usually in childhood, by initially self-inducing scrapes or cuts in the skin to produce blood, which is then ingested, to later learning how to open major blood vessels (veins, arteries) in order to drink a steady stream of warm blood more directly. The blood may then be ingested at the time of the opening, or may be saved in jars or other containers for later imbibing or for other reasons. Masturbation often accompanies autovampiristic practices.

Zoophagia (literally the eating of living creatures, but more specifically the drinking of their blood) may develop prior to autovampirism in some cases, but usually is next to develop. Persons with Renfield's syndrome may themselves catch and eat or drink the blood of living creatures such as insects, cats, dogs, or birds. The blood of other species

may be obtained at places such as slaughter houses and then ingested. Sexual activity may or may not accompany these functions.

Vampirism in its true form is the next stage to develop—procuring and drinking the blood of living human beings. This may be done by stealing blood from hospitals, laboratories, and so forth, or by attempting to drink the blood directly from others. Usually this involves some sort of consensual sexual activity, but in lust-murder type cases and in other nonlethal violent crimes, the sexual activity and vampirism may not be consensual.

3. The compulsion to drink blood almost always has a strong sexual component associated with it.

4. Blood will sometimes take on an almost mystical significance as a sexualized symbol of life or power, and, as such, an experience of well-being or empowerment will be reported by those with Renfield's syndrome following such activities.

5. Persons with Renfield's syndrome are primarily male.

6. The defining characteristic of Renfield's syndrome is the blood-drinking compulsion. Other related activities such as necrophilia and necrophagia that do not have as their goal the drinking of blood are not to be considered aspects of this disorder.

THE RELEVANCE OF JUNG

Although C. G. Jung (1928/1966, p. 224) uses the word "vampire" only once in his entire 20-volume *corpus* of his *Collected Works* as a metaphor for the negative "animus possession" in a woman and negative "anima possession" in a man ("the woman's incubus consists of a host of masculine demons; the man's succubus is a vampire"), many scholars in the field of Renfield's syndrome have directly or indirectly cited his work as a possible source of interpretative material for the disorder. This acknowledgment is in recognition of the fact that vampirism combines both psychopathological and mythic elements that have an ancient tradition in the history of humankind, and that Jung's analytical psychology is very much concerned with the archaic vestiges of the human psyche. Bourguignon (1983) stresses the fact, for example, that vampirism is

a clinical phenomenon in which myth, fantasy, and reality converge. Another authority, Prins (1984), openly speculates that "a Jungian conceptual framework might help us to link the two phenomena much more closely. It may be the case that some long-forgotten archetypal impulse may emerge and take control over an individual" (p. 292). One of the earliest (1964) and most comprehensively documented case histories (which is also included here) is that of R. S. McCully, who is in fact a Jungian analyst and who offers an amplification of the symbolism of vampirism using the literature of analytical psychology and mythology.

Although a detailed Jungian study devoted to the symbolism of blood drinking and vampirism is still lacking, just a few remarks here are offered as a starting point.

First, Jung mastered the ethnographic and anthropological literature of his time in order to document how even the psyche of the most civilized individual responded to life in ways directly analogous to the psychological processes of persons in primitive societies, and even went so far as to do make first-hand observations by conducting his own anthropological fieldwork in Africa and in the American southwest among the Pueblo Indians. Thus, the interpretation of vampirism in terms of the primitive concept of a disease caused and perpetuated by a breach of taboo would probably be congruent with his views. He would also no doubt agree with the anthropologist Sahlins' (1983, p. 88) observation that "cannibalism is always 'symbolic' even when it is real."

Second, Jung's psychology is derived from his lifelong research to construct a phenomenological taxonomy of human experience, and one of the most frequent motifs found through the ages and in the dreams and fantasies of his patients was that of a circular process, often symbolized by autophagous images analogous to the famous *uroborous*, the serpent that is constantly devouring its own tail and regenerating. In alchemical symbolism, this was known as the *circulatio*, the process by which a substance is heated in a reflux flask, with the resulting vapors rising and condensing, and then the condensed fluid feeding back into the belly of the flask where the whole process is repeated. The psychological process of distillation and refinement of psychic processes, then, was an autophagous one. Blood was a symbol of the *aqua permanens* (permanent water) of life and considered by the alchemists (the "adepts") as the seat of the soul; hence, Jung speculates as to whether certain recipes found in alchemical texts requiring admixtures

of human blood are to be taken literally, and if so, whose blood was it? "Could it have been the adepts?" he wonders (Jung, 1955/1970, p. 485). Elsewhere (Jung 1942/1954/1969), in an essay on the "Transformation Symbolism in the Mass," Jung implicates the drinking of blood as a life-giving and mystical regenerative process in early Christian speculation that Jesus drank his own blood (p. 211).

In cases of Renfield's syndrome, then, the frequent reports of the nourishing or mystical life-enhancing quality of blood drinking may be, from a Jungian point of view, the behavioral expression of an instinctual drive within us all for continual psychological and physical replenishment with life-force (libido, energy) that usually only remains at the fantasy level—whether conscious or unconscious—and that has healing properties whose goal is the wholeness of the individual. This may also explain the intimate relationship of blood drinking to sexuality, the carnal expression of the life-force that Jung often called "the other face of God."

Interestingly, Jung did report a case of autovampirism without naming it as such. In a 1928 seminar on dream analysis (published for the first time in 1984), Jung comments on the mystical and redemptive symbolic significance of the act of drinking human blood, acknowledging that although such ideas were archaic and no longer widely believed at the level of collective consciousness, such a belief could still arise in individuals from time to time. As Jung relates the case history:

> A Swiss woman who came to me recently for treatment confessed after long resistances that she had a secret means to help her get to sleep, or to help against indigestion, etc: "An old man told me that secret. I drink the blood of Jesus. In the night, when I can't sleep, I repeat to myself: 'I am drinking the blood, drinking the blood of Jesus, the blood, the blood,' and then I feel myself drinking it and I can sleep. If I wake, I do it again—sometimes a dozen times a night." One day she went into the cellar—she was a very good housewife—and in standing on a chair to reach some apples on a shelf, she slipped and crashed down. She said: "I quickly drank the blood and was not hurt." She got a tremendous mystical association from drinking the blood; such things are still realities. (Jung, 1984, p. 36)

Third, the *pain* associated with the drawing of the blood is a symbolic spur to the further conscious development of the individual, as the assimilation of unconscious contents into consciousness can often only be accomplished through the anguish of inner conflict—a point that Jung often makes. An analogous activity that may be an external behavioral expression of the internal instinctual urge to further consciousness can be found among some persons who are severely or profoundly mentally retarded and who sometimes engage in self-injurious behaviors, including the eating of oneself. Clearly, the autophagous fantasy—of which vampirism is an expression—deserves further attention from psychologists, anthropologists, and other students of human life.

REFERENCES

Anglo, S. (1976). Melancholia and witchcraft: The debate between Weir, Bodin, and Scot. In *Folie et Déraison á la Renaissance*. Bruxelles.

Arens, W. (1979). *The Man-Eating Myth: Anthropology and Anthropophagy.* London: Oxford University Press.

Barber, P. (1988). *Vampires, Burial, and Death.* New Haven: Yale University Press.

Bentley, C. F. (1972). The monster in the bedroom: Sexual symbolism in Bram Stoker's *Dracula. Literature and Psychology, 22*, 27–34.

Bierman, J. S. (1972). *Dracula*: Prolonged childhood and illness and the oral triad. *American Imago, 29*, 186–198.

Bourguignon, A. (1972). Vampirism and autovampirism. *Annales Médico-Psychologiques, 1*, 181–196.

Bourguignon, A. Vampirism and autovampirism. In Schlesinger, L. B., & Revitch, E. (Eds.) (1983). *Sexual Dynamics of Antisocial Behavior.* Springfield, IL: Charles C. Thomas.

Brown, P., & Tuzin, D. (Eds.) (1983). *The Ethnography of Cannibalism.* Washington, D.C.: The Society for Psychological Anthropology.

Carter, M. L. (1975). *Shadow of a Shade: A Survey of Vampirism in Literature.* New York: Gordon Press, 1975.

Carter, M. L. (1988). *Dracula: The Vampire and the Critics.* Ann Arbor: UMI Research Press.

Cohn, N. (1970). *The Pursuit of the Millennium: Revolutionary Millenarians and the Mystical Anarchists of the Middle Ages.* 2nd ed. New York: Oxford University Press.

Cohn, N. (1975). *Europe's Inner Demons: An Enquiry Inspired by the Great Witch Hunt.* New York: Basic Books.

Douglas, M. (Ed.) (1970). *Witchcraft Confessions and Accusations.* London: Tavistock.

Dresser, N. (1989). *American Vampires: Fans, Victims, Practitioners.* New York: W. W. Norton.

Florescu, R., & McNally, R. T. (1973). *Dracula: A Biography of Vlad the Impaler. 1431–1476.* New York: Hawthorn.

Florescu, R., & McNally, R. T. (1989). *Dracula: Prince of Many Faces.* New York: Little, Brown, & Co.

Gannaway, G. K. (1989). Historical truth versus narrative truth: Clarifying the role of exogenous trauma in the etiology of multiple personality disorder and its variants. *Dissociation, 2,* 205–220.

Goldstein, J. (1987). *Console and Classify: The French Psychiatric Profession in the Nineteenth Century.*. Cambridge: Cambridge University Press.

Hicks, R. D. (1990). *In Pursuit of Satan: The Police and the Occult.* New York: Prometheus Books.

Hill, S., & Goodwin, J. (1989). Satanism: Similarities between patient accounts and pre-Inquisition historical sources. *Dissociation, 2,* 39–44.

Hock, S. (1901). *Die Vampyrsagen und ihre Verwertung in der deutschen Literatur.* Berlin.

Hogg, G. (1958). *Cannibalism and Human Sacrifice.* London: Kegan.

Hsia, R. P. (1988). *The Myth of Ritual Murder: Jews and Magic in Reformation Germany.* New Haven: Yale University Press.

James, E. O. (1933). *Origins of Sacrifice: A Study in Comparative Religion.* London: Routledge.

Jones, E. (1931/1951). *On the nightmare.* New York: Liveright.

Jung, C. G. (1929/1966). On the relations between the ego and the unconscious. In C. G. Jung, *Two Essays on Analytical Psychology. The Collected Works of C. G. Jung, Vol. 7.* Princeton: Princeton University Press.

Jung, C. G. (1969). Transformation symbolism in the Mass (1942/1954). In Jung, C. G., *Psychology and Religion: West and East. The Collected Works of C. G. Jung, Vol. 11.* Princeton: Princeton University Press.

Jung, C. G. (1970). *Mysterium Conjunctionis. The Collected Works of C. G. Jung, Vol. 14.* Princeton: Princeton University Press.

Jung, C. G. (1984). *Dream Analysis: Notes of the Seminar given in 1928–1930.* W. McGuire (Ed.). Princeton: Princeton University Press.

King, S. (1981). *Danse Macabre.* New York: Berkley.

Klaniczay, G. (1987). Decline of witches and rise of vampires in 18th century Hapsburg monarchy. *Ethnologica Europea, 17,* 165–180.

Klaniczay, G. (1990). *The Uses of Supernatural Power: The Transformation of Popular Religion in Medieval and Early-Modern Europe.* Princeton: Princeton University Press.

Krafft-Ebing, R. (1892). *Psychopathia Sexualis, with special reference to contrary sexual instinct: A medico-legal study.* C. G. Chaddock, trans. Philadelphia: F. A. Davis.

Lanning, K. (1989, Oct.). Satanic, occult, ritualistic crime: A law enforcement perspective. *The Police Chief,* pp. 1–11.

Lanning, K. V. (1991). Ritual abuse: A law enforcement perspective. *Child Abuse and Neglect, 15,* 171–173.

Leatherdale, C. (Ed.) (1987). *The Origins of Dracula.* London: William Kimber.

Lewis, I. M. (1986). The cannibal's cauldron. In, I. M. Lewis (Ed.), *Religion in Context: Cults and Charisma.* Cambridge: Cambridge University Press.

Lipschiltz, L. (1882). *Christliche Zeugnisse gegen die Blutschuldigung der Juden.* Berlin.

Ludlam, H. (1962). *A Biography of Dracula: The Life Story of Bram Stoker.* London: W. Foulsham.

McNally, R. T. (1983). *Dracula Was a Woman: In Search of the Blood Countess of Transylvania.* New York: McGraw-Hill.

McNally, R. T., & Florescu, R. (1972). *In Search of Dracula: A True History of Dracula and the Vampire Legends.* Greenwich, CT: New York Graphic Society.

Nöll, R. (1989). Satanism, UFO abductions, historians and clinicians: Those who do not remember the past. . . . *Dissociation, 2,* 251–253.

Noll, R. (In press). Devil-worshippers and satanists in Old Europe and in the New World: A brief historical survey. In G. Fraser (Ed.), Satanic Ritual Abuse. Washington, D.C.: American Psychiatric Press.

Phillips, R. (1986). The agony and the ecstasy: A Jungian analysis of two vampire novels, Meredith Ann Pierce's *The Darkangel* and Bram Stoker's *Dracula. West Virginia University Philological Papers, 31,* 10–19.

Prins, H. (1984). Vampirism—Legendary or clinical phenomenon? *Medicine, Science, and the Law, 24,* 283–293.

Putnam, F. W. (1991). The satanic ritual abuse controversy. *Child Abuse and Neglect, 15,* 175–179.

Ramsland, K. (1991). *Anne Rice: Prism of the Night.* New York: New American Library.

Rebal, R. F., Faguet, R. A., & Woods, S. M. (1982). Unusual sexual syndromes. In C. T. H. Friedmann & R. A. Faguet (Eds.), *Extraordinary Disorders of Human Behavior.* New York: Plenum Press.

Resch, A. (1901). *Siebenbürgische Münzen und Medaillen von 1538 bis zur Gegenwart.* Hermannstadt: Verein Für Siebenbürgische Landeskunde.

Roth, C. (Ed.) (1934). *The Ritual Murder Libel and the Jew: Report by Cardinal Lorenzo Ganganelli (Pope Clement XIV).* London.

Roth, P. A. (1977). Suddenly sexual women in Bram Stoker's *Dracula. Literature and Psychology, 27,* 113.

Roth, P. A. (1982). *Bram Stoker.* Boston: Twayne.

Russell, J. B. (1990, Nov.). Personal communication.

Sahlins, M. (1983). Raw women, cooked men and other 'great things' of the Fiji Islands. In P. Brown & D. Tuzin (Eds.), *The Ethnography of Cannibalism.* Washington, D.C.: The Society for Psychological Anthropology.

Stevens, P. (1989) Satanism: Where are the folklorists? *New York Folklore, 15,* 1–22.

Stoker, B. (1897). *Dracula.* London: Constable.

Stoker, B. Original foundation notes and data for *Dracula.* In the collection of the Philip H. and A. S. W. Rosenbach Foundation, Philadelphia. (An edited reproduction with commentary by J. S. Bierman is in preparation for publication.)

Strack, H. L. (1909). *The Jew and Human Sacrifice.* H. Blanchamp, trans. New York.

Summers, M. (1928). *The Vampire: His Kith and Kin.* London: Headley Bros.

Summers, M. (1928). *The Vampire: His Kith and Kin.* London: Headley Bros.

Summers, M. (1929). *The Vampire in Europe.* London: Headley Bros.

Tannahill, R. (1975). *Flesh and Blood: A History of the Cannibal Complex.* New York: Stein & Day.

Trachtenberg, J. (1943). *The Devil and the Jews: The Medieval Conception of the Jew and its Relation to Modern Antisemitism.* New Haven: Yale University Press.

Twitchell, J. B. (1980). The vampire myth. *American Imago,* 83–92.

Van Benschoten, S. C. (1990). Multiple personality disorder and satanic ritual abuse: The issue of credibility. *Dissociation, 3,* 22–30.

Victor, J. S. (1989). A rumor-panic about a dangerous satanic cult in Western New York. *New York Folklore, 15,* 23–49.

Victor, J. S. (1990). Satanic cult rumors as a contemporary legend. *Western Folklore,* Special Issue: Contemporary Legends in Emergence, (Spring–Summer).

PART II

LYCANTHROPY

"The heart of man is the place the Devil dwells in: I feel sometimes a hell within myself."

Sir Thomas Browne,
Religio Medici, 1643

Introduction

"*Lycanthropia*: a Madness proceeding from a Mad wolf, wherein Men imitate the howling of Wolves."

Stephen Blancard,
A Physical Dictionary. . . . 1684

"It's when I was bitten by a rabid dog. . . . When I'm emotionally upset, I feel as if I'm turning into something else. . . . I get the feeling I'm becoming a wolf. I look at myself in the mirror and I witness my transformation. It's no longer my face; it changes completely. I stare, my pupils dilate, and I feel as if hairs are growing all over my body, as if my teeth are getting longer. . . . I feel as if my skin is no longer mine."

"Mr. A.," a 28-year-old
French lycanthrope, 1989

LYCANTHROPY: AN ANCIENT AFFLICTION

The above definition of lycanthropy from Stephen Blancard (1650–1702) comes from the very first medical dictionary ever published in the English language, a translation of Blancard's (sometimes spelled Blankaart's) Latin original of 1679. Medical descriptions of a mental disorder known as lycanthropy or lycanthropia date back at least to the writings of Marcellus of Side (A.D.?–161), and the cluster of signs and symptoms that he describes was passed down through the centuries in its essential form by one medical commentator after another for the next 1600 years. However, a 1990s medical dictionary entry for lycanthropy would not read much differently, as is illustrated by the quote from the case history of the lycanthropic murder reported by the

French authority on lycanthropy, psychiatrist Michel Benezech, and his colleagues (Benezech et al., 1989).

The essential feature of this disorder is the notion of a human taking the form of a wolf and then literally behaving like one (transforming into other animals such as dogs and cats is also not uncommon). Although originally viewed as only a mental disorder, during the period of the Great Witch Hunt in Europe (roughly 1500–1650), such individuals were regarded as instruments of Satan, and many were executed as lycanthropes (or *loups garoux* in France), for changing their forms with the Devil's help—that is, literally transforming themselves into animals—and then committing heretical or violent crimes. Many persons actually believed that lycanthropes or "werewolves" truly enacted this miraculous physical transformation. Others believed it was merely a delusion, but during Europe's dark struggle with witchcraft, many believed that even if lycanthropy was delusional in nature the delusion had been put in the afflicted person's mind by Satan and he or she should be tried and put to death anyway. The most important of the many Inquisitorial trials for lycanthropy during this period, particularly in France, are summarized according to their various subject entries in an invaluable book by Robbins (1959). The use of magical "ointments" that allowed witches to fly to the Sabbat was also implicated in many accounts of men transforming into wolves or other animals, leading to the suspicion by post-Psychedelic Era scholars such as anthropologist Michael Harner (1973) that the ingestion or absorption of hallucinogenic substances was at the root of these experiences. As the witch trials began to subside in the 17th century, the medical model definition of lycanthropy returned, resembling in many respects the descriptions of the ancients.

LYCANTHROPE AND WEREWOLF

In English, the words lycanthrope and werewolf are often used interchangeably. The word "werewolf" makes its first appearance in English in the ecclesiastical ordinances of King Canute sometime between A.D. 1017 and 1035. However, its use in the Old Teutonic languages dates back to a much earlier period. The word *were*, or *wer*, is the Old English word for man, and it is a derivative of the Latin word for man, *vir*. Therefore, a werewolf is literally a man-wolf, or, in the archaic spelling of England's King James I in his treatise *Daemonologie* (Edinburgh,

1597), a "Man-Woolfe." Lycanthrope comes from two Greek words that mean wolf-man. The first time the term *lycanthropy* made its appearance in an English language publication was in Reginald Scot's book, *The Discoverie of Witchcraft* (London, 1584), and it was used in its current sense, to refer to a mental disorder.

As is true of vampirism, lycanthropy is likewise both a clinical and a legendary phenomenon. However, over the centuries a certain convention has developed in the English language about the use of the words lycanthropy and werewolfism, or lycanthropes and werewolves. The word lycanthropy is generally used in discussions of the clinical nature of this phenomenon, whereas in the areas of folklore or myths and legends involving the actual physical shape-shifting of an individual, it is more likely that werewolves will be discussed. Or, because so many persons were called werewolves who committed atrocities during the Middle Ages and the Renaissance (the equivalent of our modern-day serial killers, mass murderers, or persons who commit the sort of crimes described by Krafft-Ebing as "lust-murders"), this term is still commonly used to refer to these sadistic criminals as well. An insightful psychological interpretation of the legendary werewolf is provided by author Anne Rice in a review that appeared in *The New York Times Book Review*:

> I would like to suggest that the werewolf in many instances embodies a potent blending of masochistic and sadistic elements. On the one hand, man is degraded as he is forced to submit to the bestial metamorphosis; on the other hand, he emerges as a powerful sadistic predator who can, without regret, destroy other men. The werewolf as both victim and victimizer, wrapped in magic, may arouse emotions in us that are hard to define. (Rice, 1987)

The vast literature on the folklore of the werewolf and its many representations in literature and in motion pictures need not be discussed here. The best—and again, the most quirky—compilation of cross-cultural scholarly materials on the legend of the werewolf is the book by Montague Summers (1933). Summers believes in the reality of werewolves and insists that they are the agents of Satan. His chilling chapter, "The Werewolf: His Science and Practice" compiles evidence for the satanic nature of this creature. However, he does make the distinction

that lycanthropes are truly mentally ill and delusional and that werewolves actually do shape-shift into other animals. Unfortunately, Summers then regresses to 16th century logic by arguing that because lycanthropy is a mental disorder, and all mental disorders are in fact caused by diabolical possession, that persons with lycanthropy are diabolically possessed and therefore the unwitting agents of the Devil(!). If the seriousness with which he makes these statements is genuine, then Summers would have made a superb exterminator of hundreds of fellow humans if he had just been born a few centuries earlier.

An exemplary collection of excerpts and full primary documents relating to lycanthropy and werewolfism has been gathered and published by Charlotte Otten (1987). Otten (whose book Anne Rice was reviewing above), a professor of English, brings together for the first time primary resources on lycanthropy and werewolfism from medicine, jurisprudence, history, philosophy, theology, mythology, and folklore. Although dwarfed by Summers' erudition, Otten's book is the first place to turn for a credible treatment of the subject. Devlin (1987, pp. 72–80) examines the superstitious beliefs of 18th and 19th century French peasants concerning "werewolves and monsters" in another scholarly volume. In a more popular treatment, Dracula scholar Raymond T. McNally (1983) links the folklore of the werewolf to the vampire legend and necrophilia in attempting to understand the gruesome life of mass murderess Elisabeth Bathory, the 16th century "Blood Countess" of Hungary. Less readily available sources about werewolves are the rare volumes by Herz (1862) and Black (1920).

The idea that humans transform themselves into wolves may date back at least 2700 years. The ancient Greek roots of werewolves are traced by the German classical scholar Walter Burkert in his classic book, *Homo Necans: The Anthropology of Ancient Greek Sacrificial Ritual and Myth* (1972/1983, pp. 84-93). Burkert argues the case for rituals involving animal and human sacrifice during secret nocturnal festivals that were held at the ash-altar of the sanctuary of Zeus Lykaios in Arcadia, perhaps as far back as 700 B.C. Men would be transformed into wolves after eating the mixture of human and animal entrails from a large tripod kettle. Although Burkert (p. 90) admits that modern archeologists still have not found human bones during excavations on the site at Mount Lykion, he still believes the ancient Greeks maintained a cult of werewolves based on cannibalistic rituals, as is found in the more recent ethnographic examples of secret societies of "leopard

men" or "tiger men" in Africa and Asia. "There is no doubt that werewolves existed, just like leopard men and tiger men, as a clandestine *Männerbund*, a secret society, wavering between demonic possession and horseplay, as is common in such a *Männerbund*." (Burkert, 1972/1983, p. 88).

In later periods, certain regions of Europe—particularly the Balto-Slavic areas—seem to have been particularly associated with the belief in werewolves. In the highly regarded work on Indo-European language and culture, Mallory (1989, p.83) repeats the story by a skeptical Herodotus that a 6th century B.C. Baltic tribe known as the Neuri transformed themselves into werewolves one or two days a year. As Maia Madar (1990), a researcher at the Historical Institute of the Estonian Academy of Sciences, has documented, the ancient Baltic region of Livonia or Livland (now modern Estonia) was a hotbed of werewolf activity. In the 1600s, as part of the larger phenomenon of witch trials, at least 31 men and women were brought to trial for causing damage to property, animals, or other people while transformed into werewolves. Additional Baltic reports of *Wahrwolf* activity can be found in the obscure study by von Bruiningk (1924–1928).

Humans did not just transform themselves into wolves (lycanthropy), they also transformed themselves into dogs (cyanthropy). The figure of the "dog-man" has appeared in many myths in many cultures, and these myths of the dog-man have been extensively documented in an exemplary study by White (1991).

LYCANTHROPY, MELANCHOLIA, ZOANTHROPY

It is remarkable that in the 1800-year history of the mental disorder we continue to call lycanthropy, we can still read the clinical descriptions of the ancients and recognize certain rare 20th century individuals (such as those in the case histories reprinted in this section). Because the 2nd century fragments of Marcellus of Side's writings on lycanthropy have never been translated from the original Greek into English, many scholars commonly cite the description provided by Paul of Aegina (625–690), which was based on Marcellus' work. Besides being the most detailed description available in English, the work of Paul of Aegina is important because it was the first to link lycanthropy with melancholy, an association that would last until the 19th century.

In the 1844 translation by Francis Adams, Paul describes this mental disorder in the following way:

> On Lycaon, or Lycanthropia. Those laboring under lycanthropia go out during the night imitating wolves in all things and lingering about sepulchers until morning. You may recognize such persons by these marks: they are pale, their vision feeble, their eyes dry, tongue very dry, and the flow of the saliva stopped; but they are thirsty, and their legs have incurable ulcerations from frequent falls. Such are the marks of the disease. You must know that lycanthropia is a species of melancholy which you may cure at the time of the attack, by opening a vein and abstracting blood to fainting, and giving the patient a diet of wholesome food. Let him use baths of sweet water, and then milk-whey for three days, and purging with the hiera from colocynth twice or thrice. After the purgings use the theriac of vipers, and administer those things mentioned for the cure of melancholy. . . . When the disease is already formed, use soporific embrocations, and rub the nostrils with opium when going to rest. (Adams, 1844, III, pp. 389–390)

In his discussion of lycanthropy, Harner (1973, p. 141) points out that the symptoms described in this passage "closely resemble those reported for the clinical effects of atropine," an hallucinogenic substance that Harner argues was used in European witchcraft to deliberately induce visionary altered states of consciousness. The use of hallucinogens by some 20th century lycanthropes prior to the onset of their symptoms are described in the two case reports below by psychiatrists F. G. Surawicz and R. Banta, whose 1975 article in the *Canadian Psychiatric Association Journal* ignited modern interest in this archaic disorder.

An exemplary summary of the nosological history of lycanthropy within medicine and psychiatry is provided in the important volume by psychiatrist Stanley W. Jackson, *Melancholia and Depression: From Hippocratic Times to Modern Times* (1986). In his chapter on "Lycanthropy" (pp. 345–351), Jackson points out that during the witch hunts of the Renaissance, the disorder took on more characteristics of mania than of melancholia in the minds of many theological and legal author-

ities, relating it to demoniacal possession and thus the influence of the Devil. But by the middle of the 17th century, Jackson claims, lycanthropy was once again viewed as a species of melancholia—just as it originally had been. During the latter part of the 17th century and the eighteenth century, Jackson reports that lycanthropy "gradually became less prominent in medical writings." The sporadic discussions of lycanthropy by medical authorities would sometimes result in new names for the disorder: "*rabies Hydrophobica*" by Stephen Blankaart in 1679; "*melancholia zoantropia*" by Francois Boissier de Sauvages in 1770; "*zoantropic melancholia*" by Thomas Cullen in 1793, who also included a category for the delusion of being transformed into a horse, "*hippantropic melancholia*"; a form of "sensitive insanity" by Thomas Arnold in 1806; "*melancholia metamorphosis*" by Johann Christian Heinroth at about the same time; and "*zoanthropy*" by J.E.D. Esquirol in 1838. Jackson (1986) closes his summary with the conclusion that, "As these brief references suggest, lycanthropy had essentially disappeared as a syndrome, and there was no tendency for it to return in the nosologies of the late nineteenth and twentieth centuries" (p. 350).

However, this state of affairs may change. Since 1975, a total of 18 new cases of lycanthropy have been reported in English and French language psychiatric journals in eight different publications (Surawicz and Banta, 1975; Rosenstock, 1977; Jackson, 1978; Coll et al., 1985; Keck et al., 1988; Benezech et al., 1988, 1989, Kulick et al., 1990). Of these 18 cases, six were transformed into wolves, four were dogs (a common variant known as cyanthropy), two were cats, and the rest included a tiger, a gerbil, a rabbit, and two unspecified animals. Due to the fine research of French psychiatrists H. Verdoux, J. de Witt, M. Benezech, and M. Bourgeois (1989), three 19th century case histories from France have been discovered (Bariod, 1850; Morel, 1853; Stahl, 1873), all of whom were transformed into wolves.

It is interesting that in the more than 100 years between 1873 and 1975, the only published report of a case of lycanthropy that has surfaced to date is a case mentioned briefly in an essay by C.G. Jung published in 1928. Jung includes the case of lycanthropy in his essay as an example of how sensitive children are to the unconscious dynamics of their parents:

> I remember a very revealing case of three girls who had a *most* devoted mother. When they were approaching puberty

> they confessed shamefacedly to each other that for years they had suffered from horrible dreams about her. They dreamt of her as a witch or a dangerous animal, and they could not understand it at all, since their mother was so lovely and so utterly devoted to them. Years later the mother became insane, and in her insanity would exhibit a sort of lycanthropy in which she crawled about on all fours and imitated the grunting of pigs, the barking of dogs, and the growling of bears. (Jung, 1928/1954, p. 55)

Of all the various standard psychiatric diagnoses given to these individuals, bipolar disorder is the most common (8 of the 12 in the series by Keck and his colleagues, reprinted in this volume), followed by schizophrenia (3); pseudoneurotic schizophrenia (1); delusional depression (1); major depression (1); chronic brain syndrome (1); schizoid personality traits (1); borderline personality disorder (1); and depersonalization disorder (1).

Perhaps, following the lead of the French psychiatric literature, this clinical phenomenon should be more correctly referred to as zoanthropy, the delusion that one has been transformed into an animal, with lycanthropy being reserved for the traditional wolf distinction, cyanthropy for dogs, and so on. This would prove to be of great value in including case histories from non-Western sources, such as cases of Kitsune-Tsuki syndrome from Japan in which people believe they are possessed by malevolent foxes and act like them (Furukawa & Bourgeois, 1984).

IS ZOANTHROPY A DISSOCIATIVE DISORDER?

There are several interesting parallels between the history of lycanthropy (zoanthropy) as a mental disorder and its presenting symptoms and the history and symptoms of a dissociative disorder that is also currently much in vogue, multiple personality disorder.

First, both disorders suddenly reappeared in the mid-1970s after decades of presumed extinction. Between 1910 and 1975 very few cases of multiple personality disorder were reported in the psychiatric literature due, it is suggested by some, to the acceptance of Eugen Bleuler's broader diagnostic criteria for dementia praecox (schizophre-

nia), which means that such cases may have been misdiagnosed therefore as schizophrenia. The same may be true of cases of zoanthropy, although they may have been subsumed under other diagnoses (e.g., monomania, hysteria, paranoia, etc.) practically since the first beginnings of psychiatry as a profession in the early 1800s. The reason that both multiple personality disorder and zoanthropy seemed to resurface in the psychiatric literature at about the same time is that clinicians were improving their understanding of dissociative phenomena of all types and were learning to distinguish these signs and symptoms from those of other diagnostic categories.

Second, zoanthropes report a significant disturbance or alteration in the normally integrative functions of identity and consciousness, and possibly even memory, although this hypothesis remains to be investigated. These disturbances are the hallmark of the dissociative disorders.

Third, the transformation of human into animal may be analogous to the "switching" process observed in persons with multiple personality disorder in which the personality in executive control of the body is replaced by another. This may mean that some cases of zoanthropy may actually be manifestations of multiple personality disorder, or they may fit the category of "dissociative disorder not otherwise specified" if the animal ego-state never assumes complete control.

Fourth, persons with multiple personality disorder can have nonhuman alternate personalities, and the zoanthropic behaviors may simply be alternate personalities. One such case involving animal alters is reported by Smith (1989), and additional cases have been provided by Hendrickson, McCarty, and Goodwin (1990), although their psychopathological interpretation of "the animal familiars of witches and shamans" (p. 220) is a gross misconception based on an ignorance of the historical and ethnographic literatures relating to those subjects. Nonhuman alters are acknowledged as present in some MPD patients in the textbooks of two major authorities in the field, Putnam (1989) and Ross (1989).

Fifth, MPD is often misdiagnosed, and the most common wrong diagnoses are given to those cases listed above with zoanthropy. Indeed, the very fact that there is so much disagreement over diagnostic categories across cases may indicate that something else, such as a dissociative disorder, may be present in cases of zoanthropy. The extensive case history of the 26-year-old "cat man" with the recalcitrant zoan-

thropy reported by Kulick et al. (1990) has many of the indications of possible MPD: childhood abuse (confinement—tied to a tree for hours until school age); a secret cat identity; multiple episodes of severe depression; one suicide attempt; lifelong daily or weekly "absence" spells, which diminished in frequency after age 21; visual distortions; episodes of déjà vu that occurred weekly, and so on. All of these are strong indications that a dissociative disorder may be present.

THE BEAST WITHIN US ALL

Like vampirism, lycanthropy is a clinical phenomenon in which myth, fantasy, and reality converge. What needs to be addressed is the psychological significance of the peculiar form that the symptoms of this disorder manifests—the transformation of humans into animals.

Throughout history, the legend of the lycanthrope or werewolf has symbolized the dual nature of humankind—the interplay of our spiritual and carnal natures, the struggle between the sacred and profane within the human soul. The primal, bestial side of the human animal is in evidence in the darker urges within us all. Those who refuse to obey the rules of the greater society may choose to act out the impulses of animals: to rape, to murder, to mutilate, to cannibalize.

Generally, in our "civilized" society, anything that reminds us of our animal natures tends to be suppressed. Unlike other societies, particularly nonliterate ones in which the adoption of animal identities may be a part of the normal process of ego development, in our culture we are taught to dissociate ourselves from our baser instincts, to remind ourselves that we are not animals but creatures of a higher order. Yet the urges are present: sex, aggression, hunger, thirst, and so on. Their presence reminds us of a different truth. It is no wonder, then, that so many persons are conflicted about these very issues and experience extreme difficulties with their sexuality, with expressing anger (too much or too little), with aberrant eating patterns (anorexia, bulimia, obesity), with alcoholism and other drug addictions. When we dissociate too severely from the animal within us all, the biological imperative of human existence, by not allowing its expression in fantasy or behavior and accepting our dual natures, then we pay dearly for it in terms of our emotional and physical health.

According to C.G. Jung (1947/1969), the "dissociability of the psyche" is a fundamental psychological process that extends along the contin-

uum from "normal" mental functioning to "abnormal" mental states. From Jung's perspective, as so many of the features of our animal nature are often unacceptable to us, it is natural that they are suppressed from awareness through a dissociative process. These split-off streams of consciousness form complexes, nodal points or clusters of affect whose dynamics are observed in the phenomenon we term personality. Jung felt that the ego (also sometimes referred to by Jung as the ego-complex or ego-consciousness) was the most important of the complexes since it derived primarily from the somatic memory traces from the earliest years of life, was associated with the birth name, and was primarily the center of consciousness in "normals."

However, Jung stresses repeatedly in his phenomenological analysis of consciousness that the ego is only one of many autonomous complexes, each with an allotment of consciousness all its own, which interact and often conflict with the ego for executive control of conscious processes and the body. In pathological conditions, such as multiple personality disorder, schizophrenia and, presumably, zoanthropy, their strength is greater and their dissociation from the ego more extreme, disabling the personality with "a multiplication of its centers of gravity" (Jung, 1946/1966 p. 173). Therefore, Jung often calls complexes "splinter psyches" (Jung, 1934/1969, p. 97).

Jung observed that the psyche splits in typical patterns, and he referred to the unconscious underlying organizational factors of the psyche as archetypes. A point I made in an earlier paper (No11, 1989) with reference to the relevance of Jung's complex theory to the study of multiple personality disorder is that "Jung's early phenomenological method may have uncovered *typical patterns of dissociation* and the subsequent *personification of autonomous psychic factors* that are now once again being studied with a quantitative scientific methodology" (p. 365). One such autonomous factor that has a special relationship to "the beast within us all" is the archetype Jung calls the *shadow.*

Jung (1951/1968, p. 266) defines the shadow as "that hidden, repressed, for the most part inferior and guilt-laden personality whose ultimate ramifications reach back into the realm of our animal ancestors and so comprise the whole historical aspect of the unconscious." Elsewhere Jung (1955/1970, p. 253) says, "The shadow is the primitive who is still alive and active in civilized man, and our civilized reason means nothing to him." The various dissociations that produce complexes can sometimes be related to the archetype of the shadow. For example, in

multiple personality disorder, the shadow may be represented by persecutor personalities, homicidal or suicidal alters, personalities claiming to be demons or the devil, or personalities with impulse control problems who wildly act out episodes of sexual promiscuity, substance abuse, and sociopathy.

If the attempts to prevent shadow complexes from assimilating into the ego-complex result in a strong dissociation, with the goal of trying to separate and compartmentalize this material and keep it from ever entering consciousness by the construction of an amnesic barrier, then the autonomy of the split-off ego states or alternate personalities becomes stronger, and the shadow may even take on bestial form in the dreams and fantasies of an individual. Perhaps the best literary example of this can be found in Robert Louis Stevenson's book *Dr. Jekyll and Mr. Hyde*, published in 1886. Dr. Henry Jekyll, a moral and well-respected physician, decides that the world would be a much better place if humans could separate their innate goodness from their innate evilness, for as Dr. Jekyll writes in the "full statement of the case" he left behind,

> It was the curse of mankind that these incongruous faggots were thus bound together—that in the agonised womb of consciousness, these polar twins should be continually struggling. How, then, were they dissociated? (Stevenson, 1886/1981, p. 80)

Jekyll invents a drug that will dissociate him into his good and evil parts. He takes the drug with the result that not only an emotional but a psychological and a physical transformation takes place. His dissociated dark half becomes fully autonomous and claims an identity for itself in the form of Edward Hyde. Furthermore, when the drug transforms Jekyll into his dark alter ego, he becomes, in the words of the lawyer Utterson who once saw him, "hardly human," "pale and dwarfish," "troglodytic," and he gives off "an impression of deformity without any nameable malformation." Jekyll is able to control the strength of the dissociation at first, but soon Hyde becomes more autonomous and Jekyll is terrified when he finds himself transforming into this "brute" without warning. Jekyll's attempts to separate himself from his shadow only make Hyde more autonomous and Jekyll more vulnerable to his dark influences.

Hyde (as perhaps even the name suggests) is more animal than human. He is violent toward children, it is hinted that he rapes, and he murders brutally and joyfully. Jekyll's description of his unsolicited transformation into this brute is similar to the reported experiences of the 20th century lycanthropes included in this volume, and it is indeed not surprising that motion picture images of Edward Hyde depict him as resembling a werewolf. As Jekyll writes to his lawyer in a final posthumous statement:

> Now the hand of Henry Jekyll (as you have often remarked) was professional in shape and size: it was large, firm, white and comely. But the hand which I now saw . . . was lean, corded, knuckly, of a dusky pallor and thickly shaded with a swart growth of hair. It was the hand of Edward Hyde. (Stevenson, 1886/1981, p. 88)

The belief that an alternate animal identity exists in all humans (and that it is connected in some way with notions of "evil") finds some support in the ethnographic literature as well. Some examples are provided in the section on "The Human and the Animal," an extensive ethnographic literature review that can be found in the often-cited volume *African Leopard Men* by Lindskog (1954). A more detailed example is provided, in Ruel's (1970) study of the Banyang of the Cameroon in Africa, in which he described the societal belief that "people can change into or can send out 'animals' and that it is these animals that carry out the evil (witchcraft) intentions of their owners" (Ruel, 1970, p. 334). It is not only witches who have this ability, however, for as Ruel (1970) explains:

> A 'were-person' or witch (*me debu*) can be referred to in general terms as an evil or deceitful person, but it is also understood that all human beings have in some form 'were-animals' (*babu*), and there is indeed a great range of named were-animals that people are said to possess. Moreover, this range of were-animals extends from those that are the most evil, the most perverted in their abilities, to those that are entirely unreprehensible and appear sometimes as little more than metaphorical descriptions of a person's individual talents. Again, one person may possess a number of were-animals,

> drawn from different points on the total range, which determine as it were his 'complexion' as a were-owner. (p. 334)

Like the case reports of zoanthropy and the fictional example of Henry Jekyll and Edward Hyde, Ruel says that among the Banyang, "in most cases the were-animal or were-type is in some sense a 'double' or alternative identity of the person who owns it." However, unlike our cultural examples, "the area in which it moves is again a 'double' world, another existence parallel to the actual world (*kekepe*) in which people live" (Ruel, 1970, 335). However, following Jung's phenomenology, this idea is congruent with his idea of the shadow as an archetype of the collective unconscious, a separate world outside the range of direct observation of consciousness.

If zoanthropy is a dissociative disorder (from our culture's point of view), then the split-off alter egos may be related to the realm of human experience Jung identifies as that of the shadow. The phenomenology of the shadow is represented in the following characteristics of the lycanthropes' case histories presented in this volume, through which the bestial and evil or satanic nature of their alter egos is manifested. These reported traits (which also resemble the ancient accounts) are:

1. The belief that they are wolves, dogs, or other animals and that they have been physically transformed into these animals, even to the point of experiencing the growth of fur, claws, or fangs.
2. Animal-like behavior, including growling, howling, clawing, pawing, crawling on all fours, and animal-like sexual behaviors.
3. The desire to assault or kill others, or actually doing so.
4. Hypersexuality, including the desire to have sex with animals (bestiality).
5. The use of hallucinogenic or other substances to achieve the metamorphosis of human into wolf.
6. A desire for isolation from human society (stalking the woods, haunting cemeteries).
7. The belief that the devil or some evil or satanic force is behind the transformation of human into animal form.

Not every case exhibits all of these traits, but most exhibit one or

more of them. Lycanthropy is indeed alive and well in the 20th century—as is the shadow.

REFERENCES

Adams, F. (1844). *The Seven Books of Paulus Aegineta.* 3 vols. London: The Sydenham Society.

Bariod, A. (1850). Observation d'un cas de lycanthropie. *Annales Médico-Psychologique*, 151–154.

Benezech, M. (1988) Médico-diableries nocturnes. *Practicien du Sud-Ouest*, 2, 16–17, 5–6.

Benezech, M., De Witte, J., Etchepare, J. J., & Bourgeois, M. (1988). A propos d'une onservation de lycanthropie avec violences mortelles. *Annales Médico-Psychologique*, 464–470.

Benezech, M., De Witte, J., Etcheparre, J. J., & Bourgeois, M. (1989). A lycanthropic murderer. *American Journal of Psychiatry. 146*, 942.

Black, G. (1920). *A List of Works Relating to Lycanthropy.* New York: Public Library.

Boulhaut, J.P. (1988). Lycanthropie et pathologie mentale. *Thesis:* University of Bordeaux II, No. 179, 65 pp.

Burkert, W. (1972/1983). *Homo Necans: The Anthropology of Ancient Greek Sacrificial Ritual and Myth.* P. Bing (translator). Berkley: University of California Press.

Coll, P.G., O'Sullivan, G., & Browne, P.J. (1985). Lycanthropy lives on. *British Journal of Psychiatry, 147*, 201–202.

Devlin, J. (1987). *The Superstitious Mind: French Peasants and the Supernatural in the Nineteenth Century.* New Haven: Yale University Press.

Furukawa, F., & Bourgeois, M. (1984). Délire de possession par le renard au Japon (ou délire de Kitsune-Tsuki). *Annales Médico-Psychologique. 142*, 5, 677–687.

Harner, M. (1973). The role of hallucinogenic plants in European witchcraft. In M. Harner (Ed.), *Hallucinogens and Shamanism.* New York: Oxford University Press.

Hendrickson, K.M., McCarty, T., & Goodwin, J. M. (1990). Animal alters: Case reports. *Dissociation, 3*, 218–221.

Herz, W. (1862). *Der Werewolf.* Stuttgart.

Jackson, P.M. (1978). Another case of lycanthropy. *American Journal of Psychiatry*, 134–135.

Jackson, S.W. (1986). *Melancholia and Depression: From Hippocratic Times to Modern Times.* New Haven: Yale University Press.

Jung, C.G. (1928/1954). Child development and education. In Jung, C.G., *The Development of Personality. The Collected Works of C.G. Jung, Vol. 17.* Princeton: Princeton University Press.

Jung, C.G. (1934/1969). A review of the complex theory. In Jung, C.G., *The Structure and Dynamics of the Psyche. The Collected Works of C.G. Jung, Vol. 8.* Princeton: Princeton University Press.

Jung, C.G. (1946/1966). The psychology of the transference. In Jung, C.G., *The Practice*

of Psychotherapy. The Collected Works of C.G. Jung, Vol. 16. Princeton: Princeton University Press.

Jung, C.G. (1947/1954/1969). On the nature of the psyche. In Jung. C.G., *The Structure and Dynamics of the Psyche. The Collected Works of C.G. Jung, Vol. 8.* Princeton: Princeton University Press.

Jung, C.G. (1951/1968). *Aion: Researches into the Phenomenology of the Self. The Collected Works of C.G. Jung, Vol. 9, II.* Princeton: Princeton University Press.

Jung, C.G. (1955/1970). *Mysterium Conjunctionis. The Collected Works of C.G. Jung, Vol. 14.* Princeton: Princeton University Press.

Keck, P.E., Pope, H.G., Hudson, J.I., McElroy, S.L., & Kulick, A.R. (1988). Lycanthropy: Alive and well in the twentieth century. *Psychological Medicine, 18,* 113–120.

Kulick, A.R., Pope, H.G., & Keck, P.E. (1990). Lycanthropy and self-identification. *Journal of Nervous and Mental Disease, 178,* 134–137.

Lindskog, B. (1954). *African Leopard Men.* Uppsala: Studia Ethnographica Upsaliensia VII.

Madar, M. (1990). Estonia I: Werewolves and poisoners. In B. Ankarloo & G. Henningsen (Eds.), *Early Modern European Witchcraft.* Oxford: Clarendon Press.

Mallory, J.P. (1989). *In Search of the Indo-Europeans: Language, Archeology and Myth.* London: Thames & Hudson.

McNally, R.T. (1983). *Dracula Was a Woman: In Search of the Blood Countess of Transylvania.* New York: McGraw-Hill.

Morel, B.A. (1853). *Traité théorique et pratique des maladies mentales.* Paris: Masson. (T.1, pp. 263–265, T.2, pp. 58–59.)

Noll, R. (1989). Multiple personality, dissociation, and C.G. Jung's complex theory. *Journal of Analytical Psychology, 34,* 353–370.

Otten, C.F. (Ed.) (1987). *A Lycanthropy Reader: Werewolves in Western Culture.* Syracuse, NY: Syracuse University Press.

Putnam, F.W. (1989). *Diagnosis and Treatment of Multiple Personality Disorder.* New York: Guilford.

Rice, A. (April 5, 1987). Whither the werewolf. *The New York Times Book Review,* p. 33.

Robbins, R.H. (1959). *The Encyclopedia of Witchcraft and Demonology.* New York: Crown.

Rosenstock, H.A., & Vincent, K.R. (1977). A case of lycanthropy. *American Journal of Psychiatry, 134,* 1147–1149.

Ross, C.A. (1989). *Multiple Personality Disorder: Diagnosis, Clinical Features, and Treatment.* New York: John Wiley & Sons.

Ruel, Malcom. (1970) Were-animals and the introverted witch. In M. Douglas (Ed.), *Witchcraft Confessions and Accusations.* London: Tavistock.

Smith, S.G. (1989). Multiple personality disorder with human and non-human subpersonality components. *Dissociation, 2,* 52–57.

Stahl, A. (1873). Un cas de lycanthropie. *Annales Médico-Psychologique, 13,* 455.

Stevenson, R.L. (1886/1981). *Dr. Jekyll and Mr. Hyde.* New York: Bantam.

Summers, M. (1933). *The Werewolf.* London: Routledge.

ɣicz, F.A., & Banta, R. (1975). Lycanthropy revisited. *Canadian Psychiatric Association Journal, 20,* 537–542.

ɒux, H., de Witt, J., Benezech, M., & Bourgeois, M. (1989). La lycanthropie: Une ɒathologie contemporaine? *Annales de Psychiatrie, 4,* 175–179.

Ɠruiningk, H. (1924–1928). Der Werwolf in Livland und das letzte im Wendeschen Landgericht und Dörptschen Hofgericht i. J. 1692 deshalb stattgehabte Strafverfahren. *Mitteilungen aus der livländischen Geschichte, 22.*

e, D. (1991). *Myths of the Dog-Man.* Chicago: University of Chicago Press.

PART III

DEMONIACAL POSSESSION

Nihil á Spiritu, multa ficta, pauca á morbo.

("Nothing from the spirit, many things simulated, a few things from disease.")

Conclusion of the physicians of Paris in their report to the King of France regarding their investigation of the demoniac Marthe Brossier, *Discours veritable sur le faict de Marthe Brossier de Romorantin pretendue demoniaque* (Paris, 1599).

Introduction

"If wee want none other signes of the *divels* possession, but those set downe by the *Evangelists*, then every person that is Epileptike . . . every *Melancholike*, and every *Frantike* person shall have the *Devill* in their bodies, and there will be moe *Demoniakes* in the world, then there are *Fooles*."

Michel Marescot and the physicians of Paris,
A True Discourse . . . Translated out of French into English by Abraham Hartwell (London, 1599).

"The belief that one is possessed by another person, spirit, or entity may occur as a symptom of Multiple Personality Disorder. In such cases the complaint of being 'possessed' is actually the experience of the alternate personality's influence on the person's behavior and mood."

American Psychiatric Association,
Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised, 1987.

POSSESSION: A WORLDWIDE PHENOMENON

One of the most ancient beliefs of humankind is that a spirit, force, or alien entity of some sort can enter a person's body and paralyze or supplant the will or volition of that person. These alien forces can be good or evil, invited or uninvited, and can either leave willingly or must be exorcised. By and large, when the possessing entity is uninvited, the psychological disruption in the sense of self and in behavior is generally considered harmful. This is why, for example, in many societies worldwide (nonliterate and so-called civilized), possession is considered a major factor in the cause of mental disease. Possession is also thought

to be a major cause of many physical ailments as is suggested in the New Testament where the influence of possession by malevolent demons leads to paralysis, laming, and deafness.

There is a vast anthropological literature on cross-cultural beliefs in possession and on the behaviors and the observed altered states of consciousness that are interpreted as being due to alien entities or spirits possessing human beings. Perhaps the best single brief overview of the anthropological perspective can be found in the book *Possession* (1976) by anthropologist Erika Bourguignon of Ohio State University. Elsewhere, in a statistical study of possession beliefs and forms of institutional altered states of consciousness in 488 selected societies, Bourguignon (1973) found in her Cross-Cultural Study of Dissociational States conducted between 1963 and 1968 that fully 74 percent of them maintained some form of belief in spirit possession. Although not universal, such beliefs were clearly widespread, and with great regional differences. Furthermore, 52 percent of those world societies having a belief in possession also have some form of institutionalized "possession trance" (such as the *voudou* religion of Haiti). In these cases, usually during a ritual, certain selected individuals (often females) willfully become possessed by a particular deity or spirit for various socially sanctioned reasons. These institutionalized possession trances are thus not indigenously considered forms of mental illness. Bourguignon is emphatic on this anthropological distinction when she writes:

> Possession, as we have insisted, is a belief, a cultural belief, a shared and not an idiosyncratic belief. Insofar as the behavior involves acting out a personality which is believed in, concerning which there are shared expectations, to that extent surely "possession states" cannot exist in societies where such beliefs are absent. Nevertheless, if we speak in very general terms about dissociation, fugue states, multiple personalities, fainting, functional epileptic seizures and other behavior of an apparently hysterical type, then the behavior is probably universal and occurs in all societies; however, it should not properly be referred to as "possession states." (Bourguignon, 1976, 10)

The fact that for many centuries the medical profession in our culture has not officially recognized the reality of spirit possession as a cause

of mental distress or physical illness is reflected in the passage above, and both are congruent with Bourguignon's anthropological distinction.

Perhaps the classic reference on the phenomenon of possession is the book *Obsession and Possession by Spirits Both Good and Evil, in Oriental and Occidental Spiritualism and Occultism, Among Primitive Races, In Antiquity, the Middle Ages, and Modern Times* by German philosopher and psychologist T. K. Oesterreich. It first appeared in German in 1921 and then later appeared in English in 1930 (D. Ibberson, translator). Oesterreich includes many citations from rare historical, anthropological, and psychiatric texts, many of which have never been translated into English. Oesterreich performed a useful service by distinguishing states of "spontaneous" possession from those of "voluntary" possession, the latter largely comprising the deliberately induced "possession trance" altered states of consciousness that Bourguignon studied. Oesterreich also presages current interest in the phenomenon of possession as a type of dissociative disorder, and is astute when remarking in his chapter on "The External Signs of Possession" that the "changes in countenance" match "the classic cases of double personality (*dédoublement de personnalité*)" in the works of French *aliénistes* Azam (*Hypnotisme, double conscience et altérations de la personnalité*, Paris, 1887) and Bourru et Burot (*Variations de la personnalité*, Paris, 1888).

Although Oesterreich spent considerable time documenting the evidence for voluntary possession, he provided no theory as to why individuals would actually seek out such experience in the first place. It was not until the 1940s that anthropologists began to examine the wider societal context of possession trance and began to observe that in most male-dominated cultures one of the few avenues to power and prestige within the community that women could take was to become involved in possession trance behaviors, largely within the context of ritual. As mediums or vessels through which the gods spoke, women could find ways to communicate needs and exert power to enact social changes. By the 1950s, when much of anthropology was still under the sway of the Freudian psychoanalytic tradition through "culture and personality" studies, more psychologically beneficial effects such as catharsis were posited as the positive goals of possession trance participation.

With Bourguignon's (1973; 1976) work, the study of spirit possession began to be viewed within the context of altered states of consciousness, and the phenomenology of possession trance was compared and con-

trasted with other types of altered states of consciousness that were also institutionalized within certain cultures. Prince (1968) likewise edited a collection of papers largely devoted to this perspective. British social anthropologist I. M. Lewis (1971) contributed what may be the last comprehensive treatment of spirit possession in his book *Ecstatic Religion: An Anthropological Study of Spirit Possession and Shamanism.* Although Lewis' writings (1971; 1986) and those of most others in the field generally discuss the phenomenon of spirit possession in terms of group dynamics, a volume edited by Crapanzano and Garrison (1977) presents ten detailed individual case studies of spirit possession from cultures around the world. Of particular interest to students of Western manifestations of spirit possession (spiritualism, Pentacostalism, the case of the possession and exorcism of German college student Anneliese Michel in the 1970s, etc.) are the works of anthropologist Felicitas Goodman (1974; 1981; 1988).

PSYCHIATRY: FROM DEMONS TO DISEASES

Persons suffering from various forms of mental distress often report the feeling of seemingly autonomous forces moving in them and through them but that are not moved by them. The idea that ego-alien thoughts, feelings, and behaviors may be due to the volitional action of personified forces or entities is as old as humankind and is quite commonly reported today, as the case histories in this section demonstrate. The belief that spirit intrusion causes mental and physical distress is still quite alive even in our own "civilized" culture.

Contrary to the claims of many of the early historians of psychiatry (e.g., Zilboorg, 1941), all mental disorders were not thought to be caused by demoniacal possession in classical, Medieval, and Renaissance Europe. Indeed, as Kemp (1990) and Kemp and Williams (1987) have persuasively documented, many mental disorders have always been believed to have a biological or a behavioral basis. The roots of biological psychiatry, therefore, are actually quite ancient.

However, throughout the centuries in Europe, especially by the 16th century, the range of disorders that was attributed to demoniacal possession gradually narrowed. Epilepsy in particular was finally generally recognized to be a physiological disorder rather than a supernatural one by the end of the 16th century. The classic work on the history of epilepsy and the evolution of its various supernatural and natural etiologies

is that by Temkin (1945). Of particular interest is Temkin's (1945, p. 138) citation of the skeptical opinion of the 16th century physician Riolan (1538–1606), who asserted in cases of "enthusiasm" (possession by a deity) that, "It is not necessary for us to have recourse to a demon as the last point of refuge, since we have a natural cause." However, Riolan's "natural cause" was based on the antiphlogistic or humoral theory of disease, for he felt it was the effect of "melancholic vapors of phantasy" that caused the disorder.

The difficulties of differential diagnosis in 14th century Europe can be illustrated in the case history of Flemish painter Hugo van der Goes (1435?–1482). In 1480, five years after joining the monastic community of the Roode Clooster near Brussels, Hugo came down with a "strange disorder of his imagination." He screamed incessantly that he was "doomed" and condemned to eternal damnation. Attempts at self-mutilation and possibly suicide were prevented when his fellow monks physically restrained him. The chronicler of the Roode Clooster and its *infirmarius*, Gaspar Ofhuys (1456–1523) wrote of the medical controversy surrounding the case:

> certain people talked of a peculiar case of *frenesis magna*, the great frenzy of the brain. Others, however, believed him to be possessed of an evil spirit. There were, in fact, symptoms of both unfortunate diseases present in him, although I have always understood that throughout his illness he never once tried to harm anyone but himself. This, however, is not held to be typical of the frenzied or the possessed. In truth, what it really was that ailed him only God can tell. (cited in Rosen, 1968, p. 145)

A useful historical survey of cases of possession and exorcism in France and England in the late 16th and early 17th centuries is provided by historian D. P. Walker. In it, Walker (1981) analyzes the differential diagnosis options available to physicians of that era: "Faced with a case of supposed possession a sixteenth-century observer had the choice of three possible kinds of explanation: first, a supernatural cause, a devil; second, disease; third, fraud" (p. 15). As a historian, Walker argues that he cannot accept supernatural explanations for the cases of possession that he documents, so he attributes them largely to "disease" and to "fraud." In so doing, he agrees with the Royally com-

missioned skeptical physicians of Paris headed by Michael Marescot who examined the self-proclaimed demoniac Marthe Brossier (whose proclamations were feeding into the considerable political unrest between Catholics and Protestants at that time): *"nihil à spiritu, multa ficta, pauca à morbo."*

Modern psychiatric and psychological interpretations of cases of possession have followed these same guidelines. If a true mental disorder is suspected, it is probably due to one of the dissociative disorders. Allegations of fraud range from outright deceit to explanations of possession and the efficacy of "exorcism" that are due to "role enactment" expectations as described by social role and social learning theory (Spanos & Gottlieb, 1979). The present mental disorder in *DSM-III-R* (1987) that the American Psychiatric Association observes may involve signs and symptoms most like the ancient cases of demoniacal possession—multiple personality disorder—has likewise been attributed by skeptics to outright fraud or otherwise accountable by social role theory (Aldridge-Morris, 1989) or other social-psychological factors (Kenny, 1986).

Around the year 1800, the first modern psychiatric texts being written by physicians ("lunatic-doctors," "mad-doctors," or "*aliénistes*") who worked in large institutions for the insane ("mad-houses" or "asylums") began to appear. The vestiges of ancient medicine were clear in descriptions of the treatment of the mentally ill throughout the early 19th century: for when Philippe Pinel (1806) claimed in his landmark *Traite médico-philosophique sur l'alientation mentale, ou la manie* of 1801 that the "usual system of treatment" was "bleeding, bathing and pumping" (p. 287), he was revealing that the ancient antiphlogistic or humoral theory of mental illness was still the rationale for treatment. According to the humoral theory, many mental illnesses were caused by an "excess" of one or more of the four humors, particularly an excess of "hot blood" that needed to be eliminated through venesection or leeching. What is of interest is that just as in the ancient medical manuals, the authors of these early psychiatric texts also felt that the issue of demoniacal possession and mental illness had to be addressed.

Pinel set the tone for later psychiatric authorities with his pointed dismissal of supernatural explanations for cases of purported demoniacal possession. In his 1801 classic, he writes:

> Can we suppose the demoniacs, whose histories are recorded in theological writings, to be any more than extravagant mani-

> acs? We need only to visit a lunatic asylum in order to appreciate justly the nature of their pretended inspiration. In a word, demoniacs of all descriptions are to be classed either with maniacs or melancholics. (pp. 237–238)

The second great French *aliéniste* of the early 19th century, J. E. D. Esquirol, considered the issue of possession to be of great enough importance to devote a chapter to the description of a mental disorder he called "demonomania" in his *Maladies Mentales* of 1838. In that chapter, Esquirol is blunt in his denial of supernatural causes for demoniacal possession: "I shall show farther on, that demoniacal possession is a true monomania" (Esquirol, 1845, p. 237). Although Pinel tended to rely upon ancient terms for his classification of mental disorders (e.g., mania, melancholy, frenzy), Esquirol renamed many disorders and came up with new concepts, including that of "monomania." According to psychiatric historian Goldstein (1987), whose chapter on monomania is the best historical sketch to be found on this disorder in English (pp. 152–196), monomania "denoted an idée fixe, a single pathological preoccupation in an otherwise sound mind." According to analyses of the records of French institutions in the first half of the 19th century, monomania was the most common diagnosis given to institutionalized mental patients. Cases of demonomania may have been subsumed under this broader diagnostic category.

Esquirol finds there are two types of demonomania and they depend on the nature of the purported possessing entity. If a person is possessed by angels or saints or is otherwise in communication with God, he or she is considered to have *theomania*. If the person is experiencing possession at the hands of a malevolent spirit, demon, or other entity, then the diagnosis is *cacodemonomania* (from the Greek for bad demon mania). Following Esquirol's suggestion, 20th century clinicians have borrowed the term *cacodemonomania* to refer to modern case reports of this phenomenon, as the case histories that are reproduced in this section attest.

Given the dissociative nature of two of the three topics of this book—lycanthropy and demoniacal possession—it is interesting to note that Esquirol likewise recognized a possible interrelationship. He writes: "Connected with demonomania as a sub-variety, is Zoanthropy; a deplorable aberration of the mind, which perverts the instinct even, and persuades the lypemaniac that he is changed into a brute"

(Esquirol, 1845, pp. 250–251). What Esquirol may have been attempting here is an early classification scheme for what we now call the dissociative disorders.

POLYPSYCHISM

Demoniacal possession was usually given at least cursory mention in psychiatric texts throughout the 19th and 20th centuries, all of which strictly denied a supernatural explanation for the disorder. However, near the end of the 19th century when the idea of an unconscious mind was widely discussed, philosophers and psychologists began to explore the disorders of consciousness found in mesmerism or in cases of double personality or hysteria and speculated on what such phenomena may mean for understanding the "normal" mind. As Ellenberger (1970) has noted, models of the mind based on *polypsychism* were widely discussed. Pierre Janet's classic *L'Automatisme Psychologique* (1889) provided a wealth of clinical material to support the phenomenon of separate streams of consciousness in parallel operation within the same individual, and it did much to establish the concept of *dissociation* in psychology. The essential idea of polypsychism was that a disunity of consciousness was not inconsistent with a unity of self, and that the human mind may be a multiplicity within a unity.

Since phenomena that did indeed resemble cases of demoniacal possession as reported by the ancients were still appearing, the theory that we all are comprised of "multiple selves" (James, 1890) or parts was advanced to eliminate reliance on a supernatural explanation, even though many of the proponents of such theories were open to the reality of such a spirit world. For example, William James studied spiritualistic mediums firsthand and in his classic *The Principles of Psychology* (1890) he argues, ". . . I am persuaded that a serious study of these trance-phenomena is one of the greatest needs of psychology, and I think that my personal confession may possibly draw a reader or two into a field which the *soidistant* 'scientist' usually refuses to explore" (p. 396). Elsewhere, in a letter from James to a colleague dated February 1, 1879, he tells of a lecture he is to give on "Demoniacal Possession" at the New York Academy of Medicine and confesses to his friend:

> I am not as positive as you are . . . in the belief that the obsessing agency is really demonic individuals. I am perfectly

willing to adopt that theory if the facts lend themselves best to it, for who can trace the limits to the hierarchies of personal existence in the world? But the lower stages of automatism shade off so continuously into the highest supernormal manifestations, through the intermediary ones of imitative hysteria and 'suggestibility' that I feel as if no one *general* theory as yet would cover all the facts. So that the most I will plead for before the neurologists is the recognition of demon possession as a regular 'morbid-entity' whose commonest homologue is the 'spirit-control' observed in test mediumship, and which tends to become the more benign and less alarming, the less pessimistically it is regarded. This last remark seems certainly to be true. Of course I will ignore the sporadic cases of old fashioned malignant possessions which still occur today. I am convinced that we stand with all of these things at the threshold of a long enquiry, of which the end appears as yet to no one, least of all myself. (cited in Taylor, 1982, p. 109)

James then goes on in the letter to laud the work of F. W. H. Myers (1903) as the best and most comprehensive theoretical system to account for the phenomenon of possession and its relationship to polypsychism. Myers' theory of subliminal selves was considered a classic in its day, and is noted as influential by Ernest R. Hilgard in his important volume, *Divided Consciousness: Multiple Controls in Human Thought and Action* (1977/1986), although he largely discounts the metaphysical speculations in the second volume of Myers' work. Another important work of recent publication that supports the notion of the multiplicity of mind is that of Beahrs (1982).

In his famous phenomenological study, *Psychology From an Empirical Point of View* (1874/1973), which otherwise provides an excellent description of the multiplicity of mind, Franz Brentano seems to leave open the possibility of true demoniacal possession when he writes:

> First of all, when we teach the unity of consciousness, we do not maintain in any way that different groups of mental phenomena, which do not belong to one and the same reality, can never be connected with one and the same connected physical body. We find such a relation in corals where countless little animals appear to have a common bodily life in one and the

> same stem. The simultaneous mental phenomena of one little animal and another do not form a real unity. But there is also no inner perception which apprehends their simultaneous existence. Consequently, it would in no way run counter to our definition if there were another self besides me present within my body, as though my body were possessed by one of those evil spirits whose exorcisms are so frequently reported in the Scriptures. There would be no real unity between the consciousness of this spirit and my consciousness, but then I would not directly apprehend its mental phenomena along with my own, either. (Brentano, 1874/1973, p. 164)

However, in the footnote added by editor Oskar Kraus to a 1925 edition of Brentano's text, this passage is explained with the statement that, "Modern studies of so-called 'possession' and the so-called split personality confirm that all of the pertinent phenomena belong to the same substantive self" (Brentano, 1874/1973, p. 164). This succinct definition of the concept of polypsychism is directly applicable to phenomenological descriptions of the late 20th century diagnostic category that accounts for many reports of demoniacal possession—multiple personality disorder.

MULTIPLE PERSONALITY

The history of the concept of dissociation and of multiple personality disorder is competently covered in the collection of essays edited by Quen (1986) and need not be reviewed here. An especially good summary of the history of multiple personality disorder can be found in the textbook by NIMH researcher Frank Putnam (1989), presently considered the best in existence on the subject.

As noted previously, the similarities between cases of demoniacal possession and persons with double personality, alternating personalities, double conscience, double consciousness, or multiple personalities has long been noted. In his textbook on multiple personality disorder, Canadian MPD authority Colin Ross (1989) has a detailed section devoted to "The Evolution of Demon Possession into Multiple Personality Disorder" and suggests that we call modern manifestations of demoniacal possession by a new name: postdemonic demon possession.

> In the modern world, Christian religion no longer exists as the organizing principle or guiding core of most medical and therapeutic practice. Most psychotherapy is agnostic or atheistic. In professional journals and books there are no techniques, theories, or viewpoints it would make sense to call *spiritual.* Not surprisingly there is also no demon possession. In this cultural climate any alleged cases of demon possession can therefore be described as postdemonic, from the perspective of the mainstream. (Ross, 1989, p. 25)

Changes in facial expression, voice, identity, and behavior are reported manifestations that are common to both demoniacal possession and multiple personality—as is the subjective report by the afflicted persons of being possessed or sharing the same physical body with two or more identities. The official psychiatric position is that these alternate personalities are dissociated bits of consciousness that must be integrated with the "birth personality" to achieve personality unification. Further, it is posited that these streams of consciousness were split-off due to severe trauma early in life, and this led to the creation of autonomous alternate personalities. No supernatural explanations need be invoked.

However, there are some clinicians who have worked with MPD patients who claim that they cannot account for all of the alternate personalities based on the traumatic events of a person's life, and thus, incredibly, they actually entertain the possibility of actual possession by discarnate entities. California psychiatrist Ralph Allison, who was perhaps the first person to seriously push for the recognition of multiple personality disorder by psychiatry in the 1970s and who pioneered the psychotherapy of MPD, writes in his book *Minds in Many Pieces,* "The discovery of an entity who doesn't serve any recognizable purpose presents a diagnostic problem. Interestingly enough, such entities often refer to themselves as spirits. Over the years I've encountered too many such cases to dismiss the possibility of spirit possession completely" (Allison, 1980, p. 184). Swiss psychiatrist Hans Naegeli-Osjord (1988) likewise states, "My own clinical experience has also caused me to conclude that the role of external entities should be considered" (p. 135). Similarly, Canadian psychotherapist Adam Crabtree (1985), who is noted as a historian of mesmerism and dissociation, hints at such a possibility when describing his synthesis of the "occult" and "psychological"

views of "multiple man." All three therapists have been known to report the use of exorcisms as a psychotherapeutic technique in some cases. It must also be acknowledged that all three clinicians are expressing a viewpoint that is controversial and exceptionally deviant when contrasted with the conventional views of mainstream medicine and psychiatry.

Multiple personality disorder is perhaps the hallmark of the group of mental disorders that were first given their own separate diagnostic category in 1980 in *DSM-III*, the dissociative disorders. The 1987 revision of the diagnostic manual (DSM-III-R) includes along with MPD psychogenic amnesia, depersonalization disorder, psychogenic fugue, and dissociative disorders not otherwise specified. "The essential feature of these disorders is a disturbance or alteration in the normally integrative functions of identity, memory, or consciousness" (American Psychiatric Association, 1987, p. 269). Certainly many of the case histories presented in this section fit within this category.

One interesting historical development has been reported by psychiatrist Philip Coons (1986), who was on the committee that was charged with the task to revise the section on dissociative disorders in the *DSM-III* for its next edition, which appeared in 1987. It seems that a century and a half after Esquirol proposed (unsuccessfully, as it turned out) that demonomania be considered a legitimate psychiatric diagnosis, in the 1980s many psychiatrists wanted to resurrect the idea as a proposed addition to the dissociative disorders in *DSM-III-R*. Prior to the publication of this revision, Coons (1986) reports:

> The work group to revise the psychiatric diagnostic manual, *DSM-III*, has proposed the addition of several other dissociative disorders. The first, trance/possession disorder, is marked by an altered state of consciousness and the belief that one has been taken over by a spirit or another person. This state occurs outside of a culturally sanctioned or religious context. Although such states have been reported throughout the world, until now they have not had a diagnostic category of their own. (pp. 412–413)

As it turned out, trance/possession disorder was not approved for the most recent version of what is reputed to be the most widely used diagnostic manual in the world, although some future edition may indeed

include it. As the ancient Egyptians are famous for saying, there is indeed nothing new under the sun.

POSSESSION AS A CAUSE OF MENTAL DISORDER: C. G. JUNG

Of all the major 20th century theorists, only C. G. Jung openly and repeatedly cites possession as a cause of mental disorders. In fact, Jung is in agreement with several of the primitive concepts for the cause of disease cited in the introduction to this book and has incorporated them into his 20th century phenomenological psychology. Central to his use of this term is the phenomenology of mental life invoked by the complex theory and by one of its central processes, *dissociation*. An extensive treatment of the place of dissociation in Jung's complex theory and its relevance to multiple personality disorder has been given elsewhere (Noll, 1989), and therefore the reader is referred to that reference for further information.

Jung was fascinated by the "psychology of primitives" and taught university courses on that subject early in his career. He is also the only major figure in the psychology of personality to actually do his own anthropological fieldwork and did so on many occasions, most notably in the jungles of Africa and among the Pueblo Indians of the American Southwest. There are many elements of Jung's psychology that would be familiar to the shamans or witchdoctors or medicine men of nonliterate societies, as well as to the ancient or Medieval physicians of our own Western culture. Foremost among these concepts that would be familiar to the physicians of other times and other places is the notion that ego-alien forces can influence or, in some cases, totally supplant the volitional functioning of the ego and alter thoughts, feelings, and behaviors in remarkable ways.

As was briefly discussed in the previous section on lycanthropy, Jung considered the ego to be only one of a multitude of complexes. Each "feeling-toned complex" was a cluster of affects and images organized around a specific thematic core. Furthermore, each complex has an allotment of consciousness all of its own that is dissociated or split-off from the primary stream of consciousness which has the ego at its center as the primary organizational locus. These complexes arise from traumata as minor as a moral conflict (or perhaps breach of taboo in primitive terms) to as major as actual physical or sexual abuse or other

forms of psychological duress. From the point of view of the ego, complexes are experienced as autonomous and ego-alien, and in some cases may even have identities all their own (as is especially found in multiple personality disorder). Jung therefore also calls complexes "splinter psyches."

Jung himself recognized how similar his complex theory was to primitive conceptions of mental health and disease: "To the uninitiated ear, my presentation of the complex theory may sound like a description of primitive demonology or of the psychology of taboos" (Jung, 1934/1948/1969, p. 104). Indeed, Jung deliberately sought to ground his psychology in the anthropology of his day. Thus, an *anthropological* reading of Jung is crucial for understanding the broader implications of his psychology. For example, in his essay on "The Psychological Foundations of Belief in Spirits" (1920/1948/1969), Jung equates the primitive theory that some psychological or physical diseases are caused by the spirits of "certain persons, living or dead" (p. 304) with the powerful role played by the parental complexes in the symptoms of neurotic and psychotic disorders.

> As pathogenic conflicts usually go back to childhood and are connected with memories of the parents, we can understand why the primitive attaches special importance to the spirits of dead relatives. This accounts for the wide incidence of ancestor-worship, which is primarily a protection against the malice of the dead. Anyone who has had experience of nervous illnesses knows how great is the importance of parental influences on patients. Many patients feel persecuted by their parents long after they are dead. The psychological aftereffects of the parents are so powerful that many cultures developed a whole system of ancestor-worship to propitiate them. (Jung, 1920/1948/1969, p. 304)

In a footnote to this passage Jung relates a tale from his 1925–1926 expedition to Mount Elgon in East Africa about a native woman who became ill with what looked to Jung "like a septic abortion with high fever" (p. 394). Jung was unable to treat her adequately with the medical supplies on hand, and so her relatives called in a "medicine man" (*nganga*). According to Jung (p. 304), "When he arrived, the medicine-man walked round and round the hut in ever-widening circles, snuffing

the air." The medicine-man then came to a halt on a path that led up to the nearby mountain, and told Jung and the woman's relatives that the spirits of the girl's parents—who both had died young—were now residing in a bamboo forest up on the mountain and would come down every night "to make their daughter ill so that she should die and keep them company." The medicine-man had them make a "ghost-trap" on the mountain path in the form of a little hut in which was placed a clay figure of the woman and some food, all of which was meant to trick the parental spirits into thinking they were with their daughter. The result? It worked. As Jung (p. 305) confesses, "To our boundless astonishment the girl recovered within two days. Was our diagnosis wrong? The puzzle remains unsolved."

Jung's references to possession are many, although they all express the same basic idea: "some content, an idea or part of the personality, obtains mastery of the individual for one reason or another" (Jung, 1940/1950/1968, p. 122). In one example Jung (1955/1970) lists "the symptoms of possession (such as compulsions, phobias, obsessions, automatisms, exaggerated affects, etc.)" (p. 180). In this regard he follows his teachers Janet and Freud, who, along with Breuer he credits for translating the medieval concept of possession into psychological language and for devising a therapeutic technique that resembled exorcism:

> The medieval theory of possession (toned down by Janet to "obsession") was thus taken over by Breuer and Freud in a more positive form, the evil spirit—to reverse the Faustian miracle—being transmogrified into a harmless "psychological formula." It is greatly to the credit of both investigators that they did not, like the rationalistic Janet, gloss over the significant analogy with possession, but rather, following the medieval theory, hunted up the factor causing the possession in order, as it were, to exorcise the evil spirit. Breuer was the first to discover that the pathogenic "ideas" were memories of certain events which he called "traumatic." . . . They realized that the symptom-producing "ideas" were rooted in an *affect*. This affect had the peculiarity of never really coming to the surface, so that it was never really conscious. The task of the therapist was therefore to "abreact" the "blocked" affect. (Jung, 1939/1966, p. 42)

Elsewhere Jung (1940/1950/1968) states that "possession can be formulated as the identity of the ego-personality with a complex" (p. 122). Also:

> When the unconscious contents are not "realized" they give rise to a negative activity and personification. . . . Psychic abnormalities then develop, states of possession ranging in ordinary moods and "ideas" to psychoses. All these states are characterized by one and the same fact that an unknown "something" has taken possession of a smaller or greater portion of the psyche and asserts its hateful and harmful existence undeterred by all our insight, reason, and energy, thereby proclaiming the power of the unconscious over the conscious mind. (Jung, 1928/1966, p. 370)

In 1945 Jung was asked to write an encyclopedia entry on the concept of demoniacal possession, of which only the first sentence was eventually published without attribution some years later. His submission is reproduced in full below and gives his clearest statement of this phenomenon:

> Demonism (synonymous with demonomania = possession) denotes a peculiar state of mind characterized by the fact that certain psychic contents, the so-called complexes, take over the control of the total personality in the place of the ego, at least temporarily, to such a degree that the free will of the ego is suspended. In certain of these states ego-consciousness is present, in others it is eclipsed. Demonism is a primordial psychic phenomenon and frequently occurs under primitive conditions. . . . The phenomenon of demonism is not always spontaneous, but can also be deliberately induced as a "trance," for instance in shamanism, spiritualism, etc. . . .
>
> Medically, demonism belongs partly to the sphere of the psychogenic neuroses, partly to that of schizophrenia. Demonism can also be epidemic. One of the most celebrated epidemics of the Middle Ages was the possession of the Ursulines of London, 1632. The epidemic form includes the induced collective psychoses of a religious or political nature,

such as those of the twentieth century. . . . (Jung, 1945/1976, p. 648)

A more current Jungian treatment of the Jungian concept of possession can be found in a volume by von Franz (1980), who was one of Jung's closest disciples and collaborators.

The case histories presented here, therefore, should be read with these overlapping interpretations in mind. There is no generally agreed-upon diagnostic criteria to definitely account for the phenomena discussed in the case histories below. Therefore, the readers of this volume are also asked to ponder the possibilities contemplated by Marescot and the physicians of Paris in the case of Marthe Brossier as they read the stories below: that is, whether these tales are due to "sicknesse, Counterfeiting, or Diabolicall possession" (cited in Walker, 1981, p. 37).

REFERENCES

Aldridge-Morris, R. (1989). *Multiple Personality: An Exercise in Deception.* Hillsdale, NJ: Lawrence Erlbaum.

Allison, R. (1980). *Minds in Many Pieces.* New York: Rawson, Wade.

American Psychiatric Association (1980). *Diagnostic and Statistical Manual of Mental Disorders, Third Edition.* Washington, D.C.: American Psychiatric Press.

American Psychiatric Association (1987). *Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised.* Washington, D.C.: American Psychiatric Press.

Beahrs, J. O. (1982). *Unity and Multiplicity: Multilevel Consciousness of Self in Hypnosis, Psychiatric Disorder and Mental Health.* New York: Brunner/Mazel.

Bourguignon, E. (1973). *Religion, Altered States of Consciousness, and Social Change.* Columbus, OH: Ohio State University Press.

Bourguignon, E. (1976). *Possession.* San Francisco: Chandler & Sharp.

Brentano, F. (1874/1973). *Psychology From an Empirical Standpoint.* Oskar Kraus (Ed.). A. C. Rancurello, D. B. Terrell, & L. L. McAlister (Trans.). London: Routledge & Kegan Paul.

Coons, P. M. (1986, May). Dissociative disorders: Diagnosis and treatment. *Indiana Medicine,* pp. 410–415.

Crabtree, A. (1985). *Multiple Man: Explorations in Possession and Multiple Personality.* New York: Praeger.

Crapanzano, V., & Garrison, V. (1977). *Case Studies in Spirit Possession.* New York: John Wiley & Sons.

Ellenberger, H. (1970). *The Discovery of the Unconscious.* New York: Basic Books.

Esquirol, J. E. D. (1838/1845). *Mental Maladies. A Treatise on Insanity.* E. K. Hunt (Trans.). Philadelphia: Lea & Blanchard.

Goldstein, J. (1987). *Console and Classify: The French Psychiatric Profession in the Nineteenth Century.* Cambridge: Cambridge University Press.

Goodman, F. D. (Ed.) (1974). *Trance, Healing and Hallucination: Three Field Studies in Religious Existence.* New York: Wiley Interscience.

Goodman, F. D. (1981). *The Exorcism of Anneliese Michel.* New York: Doubleday.

Goodman, F. D. (1988). *How About Demons? Possession and Exorcism in the Modern World.* Bloomington: Indiana University Press.

Hilgard, E. R. (1986). *Divided Consciousness: Multiple Controls in Human Thought and Action.* 2nd ed. New York: John Wiley & Sons.

James, W. (1890). *The Principles of Psychology.* 2 vols. New York: Henry Holt.

Janet, P. (1889). *L'Automatisme Psychologique.* Paris: Felix Alcon.

Jung, C. G. (1920/1948/1969). The psychological foundations of a belief in spirits. In *The Structure and Dynamics of the Psyche. The Collected Works of C. G. Jung, Volume 8.* Princeton: Princeton University Press.

Jung, C. G. (1928/1966). The relations between the ego and the unconscious. In Jung, C. G., *Two Essays on Analytical Psychology. The Collected Works of C. G. Jung, Vol. 7.* Princeton: Princeton University Press.

Jung, C. G. (1934/1948/1969). A review of the complex theory. In *The Structure and Dynamics of the Psyche. The Collected Works of C. G. Jung, Volume 8.* Princeton: Princeton University Press.

Jung, C. G. (1939/1966). In memory of Sigmund Freud. In Jung, C. G., *The Spirit in Man, Art, and Literature. The Collected Works of C. G. Jung, Vol. 15.* Princeton: Princeton University Press.

Jung, C. G. (1940/1950/1968). Concerning rebirth. In Jung, C. G., *The Archetypes of the Collected Unconscious. The Collected Works of C. G. Jung, Vol. 9, I.* Princeton: Princeton University Press.

Jung, C. G. (1945/1976). The definition of demonism. In Jung, C. G., *The Symbolic Life: Miscellaneous Writings. The Collected Works of C. G. Jung, Vol. 18.* Princeton: Princeton University Press.

Jung, C. G. (1970). *Mysterium Conjunctionis. The Collected Works of C. G. Jung, Vol. 14.* Princeton: Princeton University Press.

Kelly, H. A. (1968). *The Devil, Demonology and Witchcraft: The Development of Christian Beliefs in Evil Spirits.* Garden City, NY: Doubleday.

Kemp, S. (1990). *Medieval Psychology.* Westport, CT: Greenwood.

Kemp, S., & Williams, K. (1987). Demonic possession and mental disorder in medieval and early modern Europe. *Psychological Medicine, 17,* 21–29.

Kenny, M. G. (1986). *The Passion of Ansel Bourne: Multiple Personality in American Culture.* Washington, D.C.: Smithsonian Institution Press.

Lewis, I. M. (1971). *Ecstatic Religion: An Anthropological Study of Spirit Possession and Shamanism.* Middlesex, England: Penguin.

Lewis, I. M. (1986). *Religion in Context: Cults and Charisma.* Cambridge: Cambridge University Press.

Myers, F. W. H. (1903). *Human Personality and Its Survival of Bodily Death.* 2 vols. London: Longman, Greens, & Co.

Naegeli-Osjord, H. (1988). *Possession and Exorcism.* Oregon, WI: New Frontiers Center.

Noll, R. (1989). Multiple personality, dissociation, and C. G. Jung's complex theory. *Journal of Analytical Psychology, 34,* 353–370.

Oesterreich, T. K. (1935). *Obsession and Possession by Spirits both Good and Evil.* D. Ibberson (trans.). Chicago: The de Laurence Company.

Pinel, P. (1801/1806). *A Treatise on Insanity.* D. D. David (trans.). Sheffield, England.

Prince, R. (Ed.) (1968). *Trance and Possession States.* Montreal: R. M. Bucke Memorial Society.

Putnam, F. W. (1989). *Diagnosis and Treatment of Multiple Personality Disorder.* New York: Guilford.

Quen, J. M. (Ed.) (1986). *Split Minds, Split Brains: Historical and Current Perspectives.* New York: New York University Press.

Rosen, G. (1968). *Madness in Society: Chapters in the Historical Sociology of Mental Illness.* Chicago: University of Chicago Press.

Ross, C.A. (1989). *Multiple Personality Disorder: Diagnosis, Clinical Features, and Treatment.* New York: John Wiley & Sons.

Spanos, N. P., & Gottlieb, J. (1979). Demonic possession, mesmerism, and hysteria: A social psychological perspective and their historical interrelations. *Journal of Abnormal Psychology, 88,* 527–546.

Taylor, E. (1982). *William James on Exceptional Mental States: The 1896 Lowell Lectures.* New York: Scribner's.

Temkin, O. (1945). *The Falling Sickness. A History of Epilepsy from the Greeks to the Beginnings of Modern Neurology.* Baltimore:Johns Hopkins University Press.

von Franz, M. L. (1980). *Projection and Re-Collection in Jungian Psychology: Reflections of the Soul.* La Salle, IL: Open Court.

Walker, D. P. (1981). *Unclean Spirits: Possession and Exorcism in France and England in the Late Sixteenth and Early Seventeenth Centuries.* Philadelphia: University of Pennsylvania Press.

Zilboorg, G. (1941). *A History of Medical Psychology.* New York: Norton.

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